



South Ayrshire Alcohol and Drug Partnership

Strategic Commissioning & Delivery Plan

2015 – 2018

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1. BACKGROUND

South Ayrshire Alcohol and Drug Partnership (ADP) was formed in August 2009 following the launch of *A New Framework for Local Partnerships on Alcohol and Drugs*¹ by the Scottish Government, NHS and CoSLA.

The ADP was a Thematic Group within the South Ayrshire Community Planning Partnership (CPP) structure and reported directly to the CPP. In 2015, as part of the Integration of Health & Social Care, the ADP became a thematic group within the Health & Social Care Partnership (HSCP) structure.

The principle responsibilities of the ADP are:

- The development and implementation a comprehensive evidence-based alcohol and drugs strategic delivery plan.
- The development of an Implementation Plan and Performance Framework to monitor progress in achieving the agreed outcomes
- The performance management and governance of the ADP in line with HSCP and CPP Board governance arrangements
- To report on performance of the ADP to the HSCP and CPP Board
- To ensure good financial management
- To influence the development of the HSCP Delivery Plan and Single Outcome Agreement (SOA) in relation to alcohol and drugs.

The ADP has representatives from a wide range of partner organisations including:

- Health & Social Care Partnership
 - Health and Community Care
 - Children & Families
 - Criminal Justice Social Work
 - Mental Health & Addictions
 - Primary Care
- South Ayrshire Council
 - Housing
 - Contracts & Commissioning
 - Community Safety
 - Licensing
- NHS Ayrshire & Arran
 - Public Health
 - Pharmacy
- Police Scotland
- HMP Kilmarnock
- South West Scotland Community Justice Authority
- Scottish Fire & Rescue
- Department of Work & Pensions
- 3rd Sector Services
- Service Users

The ADP Strategic Commissioning & Delivery Plan 2015 -18 has been developed and agreed by the partners of the ADP.

¹ [A New Framework for Local Partnerships on Alcohol and Drugs, 2009](#)

2. STRATEGIC APPROACH

2.1 Background

South Ayrshire's ADP developed an ambitious four year strategy (2011–2015)² aimed at working with individuals and local communities to identify their strengths and assets to ultimately reduce the impact of alcohol and drug misuse on individuals, families and communities.

The strategy provided an assessment of local needs and identified key outcomes relating to drugs and alcohol misuse, their place within the wider framework of priority outcomes contained within Single Outcome Agreements (SOAs) and how their achievement would be measured.

The views of individuals, families, local communities and partner organisations were an essential part of the strategy development. A range of consultation activities were embedded from the outset and the views gathered were incorporated into the strategy. The strategy was written for the people of South Ayrshire and continuous consultation and feedback has been an essential part of the delivery of the strategy.

The ADP adopts a process of ongoing self-evaluation, annual reporting and performance management. We recognise the significant amount of good work that has been undertaken by a wide range of partner agencies and community groups and we intend to continue to develop our partnerships and put the needs of local communities at the heart of our strategic approach.

The ADP is committed to the ongoing implementation of the strategic approach agreed in the ADP Strategy and will continue to build on this over the next 3 years. Our Strategic Commissioning and Delivery Plan reflects our key strategic drivers, outcomes and performance management processes.

2.2 South Ayrshire's Strategic Approach

South Ayrshire's strategic approach takes a whole population approach to tackling substance misuse. For alcohol use this requires a shift away from a marginal approach which targets only those drinking at harmful levels to focusing more upstream at reducing average population consumption, as described in *Changing Scotland's Relationship with Alcohol: A Framework for Action (2009)*³.

In relation to drug misuse, the whole population approach requires working with our partners to ensure our communities are supportive of recovery. In addition to this, the *Road to Recovery (2008)*⁴ recognised that everyone in Scotland should be aware of the consequences of drugs so that no one in Scotland uses drugs in ignorance.

South Ayrshire's Alcohol and Drug strategic approach recognises that factors such as socioeconomic circumstances and other existing lifestyle risk factors and health conditions, have a role to play in determining the harm resulting from alcohol and drug misuse. The strategic approach is considered in the context of national and local strategies which are focused on addressing these issues.

² [South Ayrshire Alcohol and Drug Strategy \(2011-2015\)](#)

³ [Changing Scotland's Relationship with Alcohol: A Framework for Action \(Scottish Government, 2009\)](#)

⁴ [The Road to Recovery: A New Approach to Tackling Scotland's Drug Problem \(Scottish Government, 2008\)](#)

It is important to recognise that the degree to which South Ayrshire is successful in effectively tackling alcohol and drug misuse locally will be dependent on the implementation of the national alcohol and drug strategies, such as the introduction of a minimum per unit price for alcohol.

2.3 Local and National Strategic Drivers

2.3.1 Ministerial ADP Priorities

The ADP recognises and is committed to take forward activities to implement the 7 ADP Ministerial Priorities. The priorities are embedded within the ADP strategic and logic model approaches. The Ministerial Priorities are:

- Compliance with the Alcohol Brief Interventions (ABIs) HEAT Standard
- Increasing compliance with the Scottish Drugs Misuse Database
- Increasing the reach and coverage of the national Naloxone Programme and tackling drug related death / risks in the local ADP area
- 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 alcohol and drug use and their associated throughcare arrangements
- Improvements identification of, and preventative activities focussed on, new psychoactive substances (NPS)

2.3.2 Health & Social Care Strategic Partnership

The Health & Social Care Partnership (HSCP) has been established in accordance with the provisions of the Public Bodies (Joint Working) (Scotland) Act, 2014. The Partnership has responsibility, primarily, for a range of health and social care functions relating to adults, older people and children and will oversee the strategic planning and budgeting of these, together with corresponding service delivery. In South Ayrshire, it has been agreed that Children's Community Health Services and Children and Families Social Work Services are also delegated, along with Criminal Justice Social Work Services.

The main purpose of Integration is to improve the wellbeing of people who use health and social care services, particularly those whose needs are complex and require support from both health and social care.

In South Ayrshire, the Partnership has been established as a Body Corporate and the arrangements for the operation, remit and governance of the Integration Joint Board (IJB) are set out in the Integration Scheme (Partnership Agreement) which has been prepared and approved by South Ayrshire Council and NHS Ayrshire and Arran.

The IJB approved its Strategic Plan (2015 – 18)⁵ at its inaugural meeting on 2nd April, 2015. South Ayrshire Council and NHS Ayrshire and Arran both agreed to delegate the functions included within the Integration Scheme to it from this date.

⁵ [South Ayrshire Health & Social Care Partnership – Full Strategic Plan 2015 - 18](#)

The IJB has determined that the following six areas of focus will drive its work during the Strategic Plan. These are reflected within its agreed Strategic Objectives and corresponding Implementation Plan:

- Reduce the number of avoidable emergency admissions to hospital.
- Minimise the time that people are delayed in hospital.
- Reduce the adverse events for children and young people, and provide the best start in life for them.
- Institute a new ways of working programme of change across the functions delegated to the Partnership.
- Integrate services and staff supported by the development of integrated strategy, systems and procedures.
- Efficiently and effectively manage all resources to deliver Best Value.

The Strategic Objectives for the Plan period, designed to deliver the National Outcomes for Adults, Older People and Children, are:

- (A) We will work to reduce the inequality gradient and, in particular, address health inequality.
- (B) We will protect children and vulnerable adults from harm.
- (C) We will ensure children have the best possible start in life.
- (D) We will support people to live independently and healthily in local communities.
- (E) We will prioritise preventative, anticipatory and early intervention approaches.
- (F) We will proactively integrate health and social care services and resources for adults and children.
- (G) We will develop local responses to local needs.
- (H) We will ensure robust and comprehensive partnership arrangements are in place.
- (I) We will support and develop our staff and local people.
- (J) We will operate sound strategic and operational management systems and processes.
- (K) We will communicate in a clear, open and transparent way.

Locality Planning

Locality planning is a key element of Health and Social Care Integration which, with the enactment of the Public Bodies (Joint Working) (Scotland) Act, 2014, becomes a legal requirement in relation to the planning and delivery of health and social care services.

Locality Planning in South Ayrshire will have two main purposes:

- To jointly assess need, prioritise and plan how all resources, irrespective of their origin, can best be deployed in pursuit of the delivery of the National Outcomes for Health and Social Care.
- To be the local focus for service delivery and support to the population or communities within the area concerned. These services and support may be provided through the statutory, Independent, or voluntary sectors, or from within or between local communities.

The ADP is embedded within the new HSCP structure and Strategic Plan. The ADP is working with the IJB to ensure that strategic and delivery plans for alcohol and drug outcomes are embedded within Health and Social Care arrangements.

2.3.3 Single Outcome Agreement

The Single Outcome Agreement (SOA) 2013 – 2017⁶ sets out six priorities for South Ayrshire:

- Economic Recovery & Growth
- Supporting our Children & Families
- Health Inequalities & Physical Activity
- Caring for our Older People
- Safer & Stronger Communities & Reducing Offending
- Protecting & Enhancing our Environment

and seven visionary outcomes:

- South Ayrshire has an enterprising and sustainable economy
- People in South Ayrshire are skilled, confident and successful in accessing employment
- Our children and young people in South Ayrshire have the best possible life chances
- People in South Ayrshire enjoy the best possible health
- Older people in South Ayrshire enjoy full and positive lives within their own communities
- Communities in South Ayrshire are stronger and safer
- South Ayrshire is clean, attractive and delivering a sustainable low carbon future

The Single Outcome Agreement sets out a range of outcomes which will contribute to the visionary outcomes. The ADP vision and local outcomes are embedded within the 'Communities in South Ayrshire are stronger and safer' and includes a range of performance indicators to help measure the progress being made to achieve these outcomes.

2.3.4 NHS Local Delivery Plans

The NHS Local Delivery Plans set out a delivery agreement between the Scottish Government Health Department and each NHS Board, based on the key Ministerial targets. NHS Local Delivery Plans reflect the Health Improvement, Efficiency, Access and Treatment (HEAT) Core set – the key objectives, targets and measures that reflect Ministers' priorities for the Health portfolio.

There are two HEAT Standard targets related to alcohol and drugs:

- **H4** – Achieve agreed number of screenings using the setting-appropriate screening tool and appropriate alcohol brief intervention (ABI), in line with SIGN 74 guidelines by 2015/16.
- **A11** – 90% of clients will wait no longer than three weeks from referral received for appropriate drug or alcohol treatment that supports their recovery.

The HEAT Standard targets are embedded within the ADP planning and performance management arrangements.

⁶ [Single Outcome Agreement for South Ayrshire, 2013 - 2017](#)

2.3.5 Opiate Replacement Therapies

In February 2014 the ADP held a multiagency event to review recommendations from the *Independent Expert Review of Opioid Replacement Therapies in Scotland*⁷ in line with local practise and to agree a number of local improvement actions.

The ADP has developed a revised Key Aim Statement for 2015 – 18 of:

‘To increase the number of individuals being prescribed ORT medication by Primary Care Services (General Practitioners and Pharmacists) from zero to 100 by March 2018’

The improvement actions and Key Aim Statement are embedded within the ROSC Implementation Plan.

NHS Ayrshire & Arran have recently developed a new vision for a recovery focussed mixed model of opiate replacement therapies prescribing and support. The model has considered the recommendations within the *Expert Review of Opioid Replacement Therapies* and has looked beyond the traditional medical model to create a coordinated, multi-disciplinary, tiered, prescribing workforce with the care of service users provided according to their needs. The new model is being introduced on a phased basis includes the development of a General Practitioner Prescriber and a Specialist Pharmacist Non-Medical Prescriber.

Reducing drug related deaths is a key priority area for the ADP. The partnership has established a Drug Death Prevention Group who will consider the factors in drug related deaths and develop activities aimed at increasing engagement and support for those most and risk.

2.3.6 New Psychoactive Substances

New Psychoactive Substances (NPS), often called *Legal Highs*, are increasing in prevalence across Scotland and the UK. The number and types of NPS are constantly changing and there are indications that NPS can cause a range of physical and psychological symptoms and can even result in death. Local intelligence suggests that NPS are increasingly being used by young people and by those with problematic substance use.

In response to this emerging drug trend, the ADP and Community Safety Partnership have established a Joint NPS Working Group to ensure a coordinator strategic approach in South Ayrshire. Our joint strategic approach will be taken forward in the context of new and emerging drug trends and will focus on three key areas:

- developing an understanding of the local prevalence in partnership with the Pan Ayrshire Drug Trend Monitoring Group
- developing preventative and awareness approaches across a variety of settings
- assessing and gaining an understanding of the support needs for individuals developing problematic use

⁷ [Independent Expert Review of Opioid Replacement Therapies in Scotland, Drugs Strategy Delivery Commission, 2013](#)

2.3.7 BBV & Sexual Health Framework

The Sexual Health and Blood Borne Virus Framework (Scottish Government) recognises that improving sexual health and blood borne virus outcomes cannot be achieved in isolation. It requires the establishment of real and active links with other national health concerns such as alcohol and drugs misuse, education, gender-based violence and the early years. As such, a multi-agency approach is essential as improving outcomes cannot be addressed through interventions delivered by specialist services (NHS) alone.

It emphasises this by advising strong linkages between Blood Borne Virus MCNs, Alcohol and Drug Partnerships and Health and Social Care Partnerships which, in turn, will feed into the Community Planning process. All partners have a role to play in influencing behaviours, lifestyles and risk factors. They should help implement evidence-based prevention initiatives, support testing, strengthen early engagement with treatment services and should provide support for those living with a BBV.

2.3.8 Tuberculosis Action Plan

The Scottish Government's Tuberculosis (TB) Action Plan included recommendations that multidisciplinary teams/local services should engage with primary care teams to highlight the increased risk of TB amongst problem alcohol users. Multidisciplinary teams should also link with the local Alcohol and Drug Partnerships to raise awareness of the increased risk of TB in those with problem alcohol and drug use. The recommendations also included that local services should be aware of those groups [at increased risk of TB] in their area which are most difficult to reach and should design approaches to better reach them.

NHS Ayrshire and Arran and the ADP have established links to raise awareness of the increased risks of TB in these groups. Training and information materials are being developed to support this awareness raising.

2.3.9 Child Protection

In South Ayrshire the ADP and the Child Protection Committee (CPC) recognise that they share cross cutting issues relating to the impact of alcohol and drug misuse for children and have developed a Joint Commitment Statement to reflect this understanding. Both are partnership groups and have primary responsibilities in ensuring that agencies and services are delivering good outcomes and improvements in the activities that they are carrying out.

The ADP and CPC have good strategic and operational links that help increase the ability of services to identify and properly respond to children, including unborn babies, who are at risk of harm due to parental or other carers' misuse of substances.

The collaborative approach is delivered in a number of ways including joint representation on each strategic partnership and both groups' primary planning mechanisms reflect the issue of children and families affected by substance misuse.

The joint response is led by the ADP sub group 'Children & Families Affected by Parental Substance Misuse (CAPSM)', whose membership brings together those who working in adult and childrens services and ensures that cross cutting issues are considered and addressed.

2.3.10 Getting Our Priorities Right

In 2013 the Scottish Government published the updated *Getting our Priorities Right: Updated Good Practice Guidance For All Agencies and Practitioners Working With Children, Young People and Families Affected By Problematic Alcohol and/or Drug Use*.⁸

The guidance provides an updated good practice framework for all child and adult service practitioners working with vulnerable children and families affected by problematic parental alcohol and/or drug use. It has been updated in the particular context of the national GIRFEC⁹ approach and the recovery agendas, both of which have a focus on 'whole family' recovery. The guidance provides a focus on the importance of partnership working and services focusing on early intervention activity to help children and families and not waiting for crises.

The guidance has been adapted into the local policy and practice context across South Ayrshire and is part of the local GOPR training course.

2.3.11 Adult protection

The ADP and the Adult Protection Committee (APC) recognise that substance misuse can make an adult more vulnerable to the risk of harm but it can also increase the adult's risk of becoming a perpetrator of harm. The ADP and the APC will work together to improve the outcomes for adults at risk of harm and have developed a Joint Statement to reflect this understanding commitment.

Both partnership groups have primary responsibilities for ensuring that agencies and services are delivering good outcomes and improvements in the activities that they are carrying out. This collaborative approach includes representation on both partnerships and supporting individuals at increased risk of harm within their planning mechanisms.

2.3.12 Scottish Fire & Rescue Service

The Fire (Scotland) Act 2005 as amended by the Police and Fire Reform (Scotland) Act 2012 provides the statutory basis for the delivery of a range of core services and functions that means while the service is ready to respond to fire and other emergencies, it also maintains a strong focus on prevention and protection arrangements to ensure the safety of our communities. The associated Fire and Rescue Framework for Scotland 2013 sets the overarching strategic direction and the local fire and rescue plan will facilitate in the delivery of services to the communities of South Ayrshire.

The Local Senior Officer for South Ayrshire has a statutory duty to work with the local authority to set priorities and objectives for fire and rescue services in the South Ayrshire area, and is required to prepare the local plan for fire and rescue, for approval by the local authority. Partnership and engagement are central to this relationship and this plan sets out our commitment to Working together for a Safer Scotland.

⁸ [Getting Our Priorities Right, 2013](#)

⁹ [A Guide to Getting It Right for Every Child, 2012](#)

The Scottish Fire & Rescue Service and ADP recognise that alcohol or drugs misuse can pose in an increased risk for accidental dwelling fires and will continue to work together to raise awareness through staff groups and offer Home Fire Safety Visits to vulnerable people.

2.3.13 Community Justice

The National Strategy for Justice in Scotland¹⁰ includes eight justice outcomes and twelve priorities, one of which is “Reducing the damaging impacts of drug and alcohol problems”. The approach underpinning this includes consideration of a variety of strategies including Road to Recovery.

The current model of Community Justice in Scotland is transitioning from delivery and accountability by 8 CJA’s to a new national body (Community Justice Scotland) and 32 local CPP’s by 31st March 2017.

Women Offenders

The Commission on Women Offenders¹¹ in 2012 recommended a number of proposed changes to women and justice. In February this year, the Cabinet Secretary for Justice announced plans for the proposed new women’s prison, HMP Inverclyde were to be scrapped and consultation is on going around a proposed new three tier model including a national facility for approximately 100 women, 3 regional facilities (North, East and West) for 50 women each and community custodial facilities for 15 to 30 women. Work is ongoing, however the multiple barriers and chaos faced by female offenders (including substance misuse and trauma) is widely recognised.

Health and Throughcare

The National Prison Healthcare Advisory Board has recently reviewed its structure and in 2014/16 various short life working groups have been established to include Throughcare. This short life working group will have a particular focus on the priority areas of substance use, mental health and primary care. In order to support possible developmental work proposed by the National Throughcare short life working group the Chairs of the disbanded local Throughcare workstream were asked to convene an initial meeting with key stakeholders to discuss future opportunities to enhance Throughcare at a local level. These stakeholders included local ADP co-ordinators, NHS Staff, Social Work Criminal Justice, Third sector agencies and Serco staff, HMP Kilmarnock. Since the initial meeting in January the group have met on two further occasions with the second meeting focusing on the mapping of existing Throughcare processes.

The provision of naloxone to those being liberated from prison is a priority both nationally and locally.

2.3.14 Welfare Reform

The Welfare Reform Bill received Royal Assent on 8 March 2012 becoming the Welfare Reform Act 2012. The reforms introduced represent the most significant overhaul of the benefits system for many years, the principles of which were largely drawn from the 2010 white paper Universal Credit: Welfare that Works.

¹⁰ [The National Strategy for Justice in Scotland](#)

¹¹ [The Commission on Women Offenders](#)

With the exception of some pensioners, almost all claimants will see a reduction of some sort over the next few years. There is a substantial risk that the number of people in hardship will increase. At the centre of the changes is the idea of replacing a number of benefits with a single streamlined benefit called Universal Credit (UC) which is payable on a monthly basis to people both in and out of work.

The ADP will work with partners to ensure that individuals have access to appropriate financial services and products which enable them to manage their money on a day-to-day basis, plan for the future and deal effectively with unexpected financial pressures.

3. STRATEGIC VISION

3.1 South Ayrshire Strategic Vision

The overarching strategic vision for South Ayrshire's Alcohol and Drug Partnership is that:

'The population of South Ayrshire are able to build on their strengths to reduce alcohol and drug misuse to the benefit of individuals, families and communities'

The ADP continues to take a logic model approach for identifying key outcomes and the overarching activities required to achieve the outcomes. Following a review of the progress delivering the ADP Strategy (2011 – 15) and ongoing consultation with partners, the ADP agreed to further prioritise the logic models and areas of work.

The ADP has identified four priority areas for 2015 – 18 which will contribute to achieving the overarching vision:

- Prevention, Education and Early Intervention
- Healthier & Safer Communities
- Children and families affected by others' substance misuse
- Recovery Orientated System of Care

The ADP has adopted the 7 National ADP Outcomes as Local Outcomes and embedded these within the logic models.

Figure 1 shows South Ayrshire's Outcomes triangle detailing the local and short-term outcomes the ADP is working towards and links to the National Outcomes for Scotland.

3.2 Underlying Values and Principles

The ADP has identified a number of key underlying values and principles which are interrelated and are essential to achieve the strategic vision. The importance of these shared values and principles cannot be underestimated.

3.2.1 Person-centred approaches

The ADP are committed to person-centred approaches which support people to develop the knowledge, skills and confidence they need to effectively manage and make more informed choices about their own health and health care.

Person-centred approaches are service user led, involving a process of continual listening and learning, supporting each service user to identify from the outset their aspirations and goals. The service user takes responsibility for achieving these goals often with the support of peers, staff, family and friends.

For the ROSC in South Ayrshire this means offering a comprehensive menu of person-centred services which are individualised, stage-appropriate, needs led, and flexible throughout the recovery journey.

Person-centred approaches ensure that people are always treated with dignity, compassion and respect.

3.2.2 Asset based approaches

The changing demographics in Scotland, for example an aging population and the increased awareness of the alcohol and drug problem in Scotland, mean that more people are likely to be in need of support. New ways of working are required if the inequalities in health and wellbeing are not to get worse. Effective local service delivery is dependent on effective local decision-making and this can only be achieved by empowering local individuals and communities¹².

The ADP recognises the strengths, assets and capabilities of every individual and the feeling of being valued and connected when these skills are used. The partnership is committed to taking an asset-based approach, both on an individual and community-based approach. By working with local residents to identify strengths and assets rather than focusing on deficiencies, the partnership hopes to empower the community to implement a sustainable community project to give the feeling of achievement whilst improving the local community.

3.2.3 Early Intervention & Preventative approaches

The ADP is committed to a shift towards prevention and early intervention with the aims of promoting positive outcomes and life chances for people in South Ayrshire. South Ayrshire Community Planning Partnership are developing a Prevention and Early Intervention framework which describes Primary, Secondary and Tertiary Prevention.

Primary Prevention aims to prevent harm before it occurs. The focus of this level of prevention is the whole population, this level of intervention is focused on addressing the fundamental economic, environmental and social conditions which impact directly on individuals and communities. For the ADP this includes controlling the availability of alcohol through licensing activity.

Secondary Prevention aims to mitigate the effects of harm that may already be evident. This might include supporting people to make positive lifestyle changes and building resilience in individuals and communities to cope with adverse life circumstances. For the ADP this includes alcohol brief interventions.

Tertiary Prevention is a form of crisis management and aims to alleviate the consequences of harm by stopping things getting worse and improving quality of life. For the ADP this includes the implementation of a Recovery Orientated Systems of Care.

The ADP will ensure that recovery services are high quality, safe and sustainable and the shift towards early intervention will be dependent on the on-going implementation of the ROSC which aims to support individuals into sustained recovery.

In order to effectively tackle inequalities, the ADP will ensure that resources and services are deployed with a scale and intensity which is proportionate to need.

3.2.4 Communication

Key to the delivery of outcomes in the strategy is effective communication. The ADP has developed an overarching Communication Strategy which outline's the ADPs strategic

¹² [A Glass Half Full: How an Asset-based Approach Can Improve Community Health and Wellbeing, Improvement & Development Agency \(2010\)](#)

direction in relation to communicating effectively and efficiently with a wide range of stakeholders.

The Communication Strategy highlights the importance of communication between services, provision of materials within the local community to help support long-term behaviour change, and the provision of accurate and clear information on the local services available to support individuals and families who experience alcohol or drug problems.

The Communication Strategy identifies a number of key messages which will contribute towards the strategic vision and a wide variety of communication tools and channels to ensure that information is provided in an effective and clear way for all stakeholders.

3.2.5 Engagement

Effective engagement is an essential component from the initial development of the strategic approach through to the delivery of the activities which will help meet the strategic vision and the development of local service provision.

The ADP utilises engagement strategies which involve communication, consultation, negotiation and coproduction and involve a variety of stakeholders including service users, carers, staff and the wider community.

It is essential to ensure that consultation groups are not subject to 'consultation fatigue' by being clear on the consultation aims, the process of engagement to be used and the feedback processes.

The ADP has utilised a variety of engagement processes including conversation cafes, focus groups, 1:1 market research surveys and online surveys. The feedback is used to inform strategic approaches, evidence-based reports, research documents and service design and development.

3.2.6 Addressing stigma

Addressing the stigma experienced by individuals in recovery, their family and friends is a priority for the ADP. The partnership will ensure that activities and resources promote recovery in a non-stigmatising manner and will work to increase the knowledge, understanding and context around alcohol and drug use.

The ADP will continue to support individuals and recovery communities to promote recovery success stories at individual, family and community level to show recovery is possible.

3.2.7 Workforce development

The ADP is committed to ensuring our volunteers and workforce is united by a shared vision, focused on the needs of individuals.

During the initial phase of the implementation of the ROSC a Recovery Knowledge Inventory Survey was completed by over 450 staff members. The findings informed the development of ROSC Briefing Sessions and Action Learning Sets which have been rolled out to over 100 staff. The ADP has now developed a 'My Role in Recovery' training session which is part of the multiagency training calendar and is being rolled out to wider staff groups including housing, social work and employability services.

Other priority training needs have been identified in relation to Getting Our Priorities Right (GOPR), New Psychoactive Substances (NPS) and Foetal Alcohol Spectrum Disorder (FASD). A local GOPR training course has been developed incorporating the new GOPR Guidelines and NPS Awareness Sessions are being delivered to a wide range of partners. A local FASD training course has also been developed and embedded within the NHS Addictions Training Calendar.

The ADP has undertaken a Training Needs Analysis using an updated version of the NHS Health Scotland Training Needs Analysis Guide, 2009. A mapping of current training activities will be undertaken to identify gaps and duplication in provision. The findings are informing the development of an ADP Workforce Development Strategy which will incorporate the 15 National Learning Priorities from the CoSLA and Scottish Government *Supporting the Development of Scotland's Alcohol and Drug Workforce*.¹³

The ADP recognises the importance ensuring volunteers and individuals in recovery have access to a wide variety of training to support their recovery journey. A variety of training courses have also been developed and this will remain a priority area for the partnership.

¹³ [Supporting the Development of Scotland's Alcohol and Drug Workforce \(Scottish Government & CoSLA, December 2010\)](#)

Figure 1: South Ayrshire's Alcohol and Drug Outcomes Triangle

We realise our full economic potential

Young people are successful learners

Our children have the best start in life

We live longer, healthier lives

We have tackled the significant inequalities

We have improved the life chances for those at risk

We live our lives free from crime, disorder and danger

We have strong, resilient and supportive communities

NATIONAL OUTCOMES

The population of South Ayrshire are able to build on their strengths to reduce alcohol and drug misuse to the benefit of individuals, families and communities

LOCAL VISION

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

People are healthier and experience fewer risks as a result of alcohol and drug use
Fewer adults and children are drinking or using drugs at levels or patterns that are damaging to themselves or others

LOCAL OUTCOMES

Individuals are improving their health, wellbeing and life chances by recovering from problematic drug and alcohol use
Individuals, families and communities affected by alcohol and drug problems have hope that recovery is possible and have the skills and support to help them plan for this journey

Communities and individuals are safe from alcohol and drug-related offending and antisocial behaviour
People live in positive, health-promoting local environments where alcohol and drugs are less readily available



Underlying values & principles:

- Person centered
- Asset based
- Prevention & Early Intervention

Outcomes related to service delivery

Underlying values & principles:

- Communication
- Engagement
- Addressing stigma
- Workforce development

SHORT-TERM OUTCOMES

4. DELIVERING THE STRATEGIC VISION

4.1 Prevention, Education and Early intervention

Prevention and Education in the context of a whole population approach is primarily concerned with reducing supply and demand and minimising the harm associated with alcohol and drugs. Elements of this whole population approach to prevention and education are threaded through the themes of the strategy.

A whole population approach to tackling alcohol misuse is based on the following evidence-based assumptions:

- The majority of alcohol-related disease in the population is experienced by those with a moderate level of risk exposure. Therefore focusing only on harmful drinkers will not reach the majority of those likely to develop alcohol-related diseases.
- Behaviours are shaped by social norms in families, communities, social networks and society more generally and these in turn are shaped by the social, economic and cultural environments in which people live. Positively influencing social norms makes it easier for individuals to change their behaviour.
- Reducing overall population consumption will have a positive effect on those who are drinking harmfully and at most risk, as their consumption will also decrease.
- Reported consumption levels in the whole population are high in Scotland and are known to be underreported, adding further weight to the need to take a whole population rather than a solely targeted approach.

Key achievements during 2011/15:

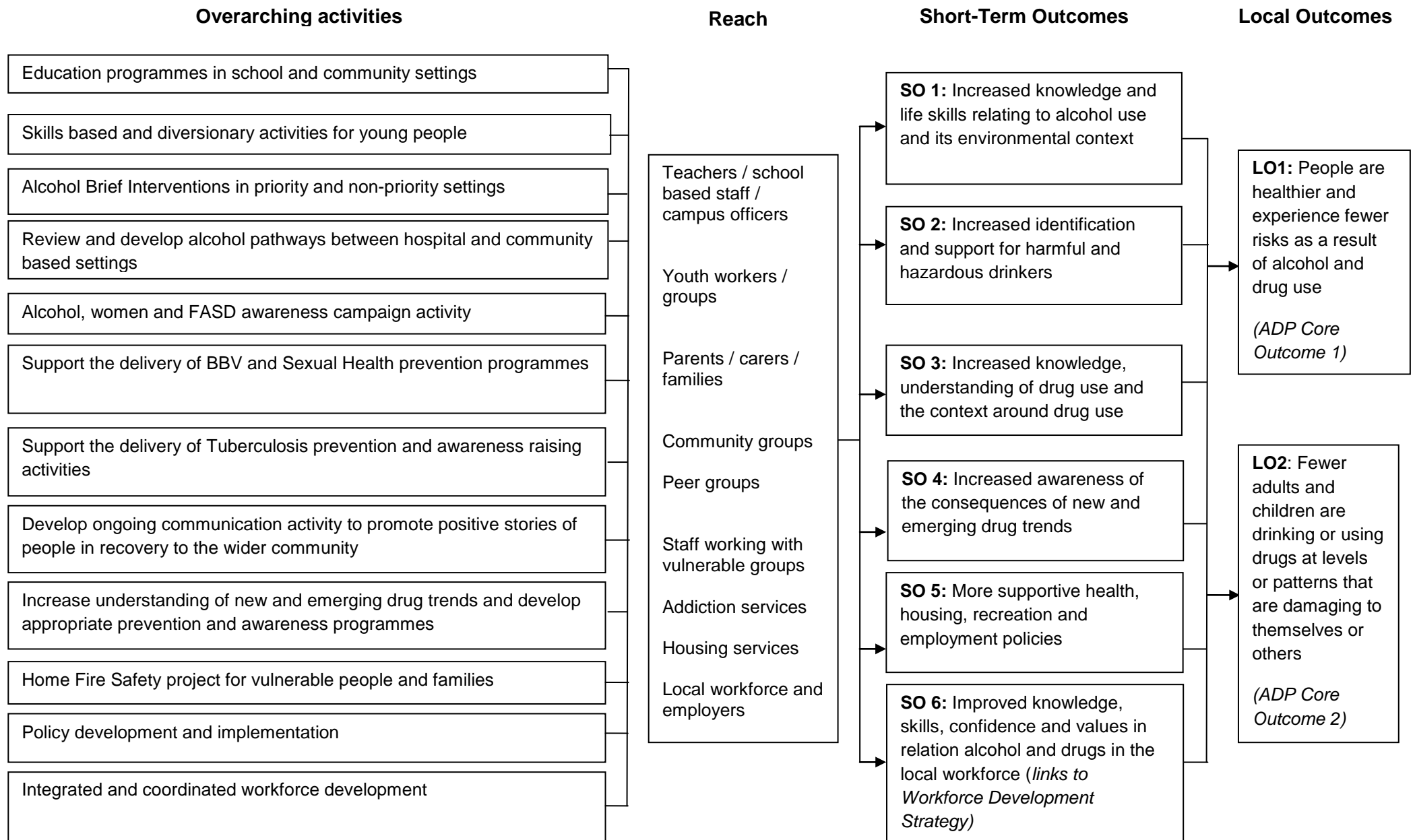
- Mapping of the substance misuse education delivered in secondary schools.
- Exceeded HEAT Alcohol Brief Intervention (ABI) targets in priority settings
- Roll-out of fire awareness training to staff working with people affected by substance misuse.
- Positive Attitudes to Alcohol - Peer Education project rolled-out to Secondary Schools in South Ayrshire
- 'No Alcohol, No Risk' campaign and resources developed and rolled out to share messages of avoiding alcohol when trying to conceive and during pregnancy.
- Ayrshire wide FASD event 'What it means for education and social care'.
- Development of local FASD training course
- 'Cost of Alcohol' and 'Women and Alcohol' conferences
- NPS Awareness Sessions delivered to a wide range of staff including youth workers

Key priorities for 2015/18:

- Implement education programmes in school and community settings
- Develop preventative and awareness approaches to new and emerging drug trends including NPS
- Continue the delivery of ABI's in priority settings whilst also rolling out ABI's in non-priority settings
- Continued alcohol and pregnancy campaign activity
- Support the delivery of BBV and Sexual Health prevention programmes
- Continue to provide education and interventions to vulnerable groups to minimise the risk of fire death or injury for the people in South Ayrshire
- Advocate for a reduction in alcohol availability (see Section 4.2)

Figure 2 details the Local and Short-Term Outcomes ADP are working towards in relation to prevention, education and early intervention for 2015-2018 and the overarching activities which will contribute to these outcomes.

Figure 2: Prevention, Education and Early Intervention



4.2 Healthier & Safer Communities

South Ayrshire has one of the lowest crime rates in Scotland however the ADP recognises the significant links between alcohol and drug misuse and offending behaviour. Our approach in South Ayrshire aims to ensure that communities are safe and feel safe. We will continue to work with the Community Safety Partnership, Police Scotland and local partners to reduce availability of alcohol and illicit drugs, reduce antisocial behaviour and support individuals to recover from substance misuse.

The partnership recognises that our approach to recovery has much in common with work to reduce reoffending being taken forward by Criminal Justice Social Work Services and the South West Scotland Community Justice Authority. We will work together to address alcohol and drug misuse that is a factor in individuals, to address other factors that contribute to a chaotic lifestyle and to challenge offending behaviour.

In respect of alcohol licensing, we recognise that many of the changes which we would like to see require legislative change at a Scottish or UK level and we will therefore work with partners to lobby and influence Ministers appropriately. The partnership will work to support the Licensing Board and Licensing Forum to examine overprovision and what impact, if any, this has on communities in South Ayrshire. In addition, we will work with partners on measures such as test purchasing and tackling agent sales, and build on the good foundation of training and enforcement to create a safer environment in our communities.

Domestic abuse is a significant problem within South 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 will work with other agencies 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.

Key achievements during 2011/15:

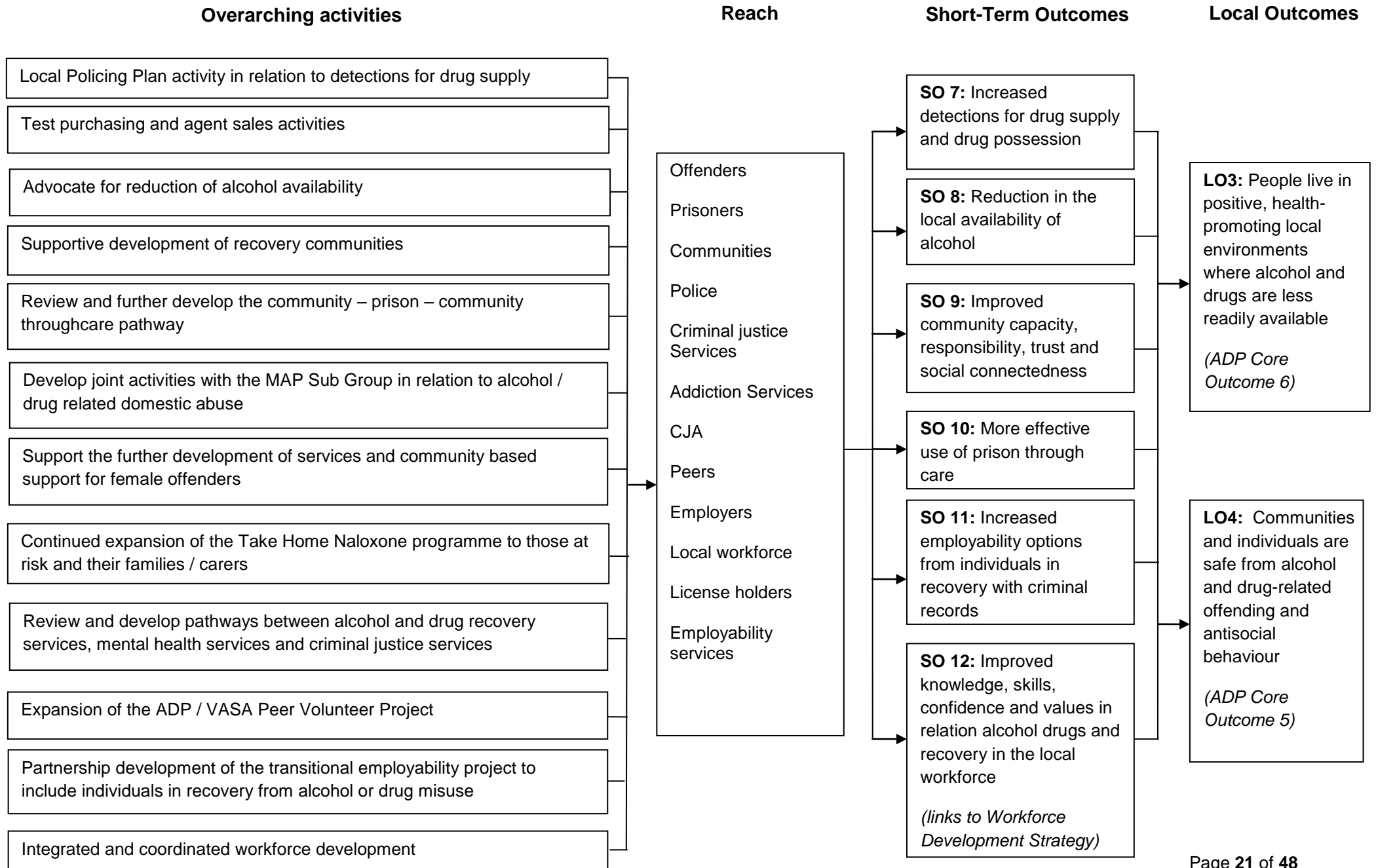
- Challenge 25 Licensing Trade Event delivered to over 100 trade personnel
- Criminal Justice Social Work staff trained in the use of ABI's to identify individuals requiring specialist support.
- New Pan-Ayrshire Alcohol Throughcare Service commissioned in Kilmarnock Prison through alcohol misuse monies.
- Evidence Report to inform the review of the South Ayrshire Licensing Policy Statement and Overprovision Assessment completed and presented to the Licensing Forum and Board.
- No Alcohol, No Risk point campaign included point of sales stickers for off-sales premises
- Ongoing roll-out of the Integrity Testing and Test Purchasing programme
- Local Agent Sales awareness campaign in off-sales premises and the local media

Key Priorities for 2015/18 include:

- Support the development of community-based support for female offenders
- Review and further develop the community – prison – community throughcare pathway
- Advocate for a reduction in alcohol availability

Figure 3 details the Local and Short-Term Outcomes ADP are working towards in relation to healthier and safer communities for 2015-2018 and the overarching activities which will contribute to these outcomes.

Figure 3: Healthier & Safer Communities



4.3 Children and families affected by others' substance misuse

The ADP recognises that parental or carer substance misuse can result in a considerable number of negative effects on the family and the impact can be complex and wide-ranging.

The importance of collaborative practice in producing comprehensive assessments of risk and need in relation to children is crucial to ensure that the right interventions and action plans are in place. Good communication and the willingness to work together is key to improving support to children, young people and their parents or carers.

Addressing the loss and stigma experienced by some adults can act as a highly motivating component on the road to recovery, where the adult has been unable to make or sustain the necessary changes previously whilst their child has remained in their care.

Key achievements during 2011/15:

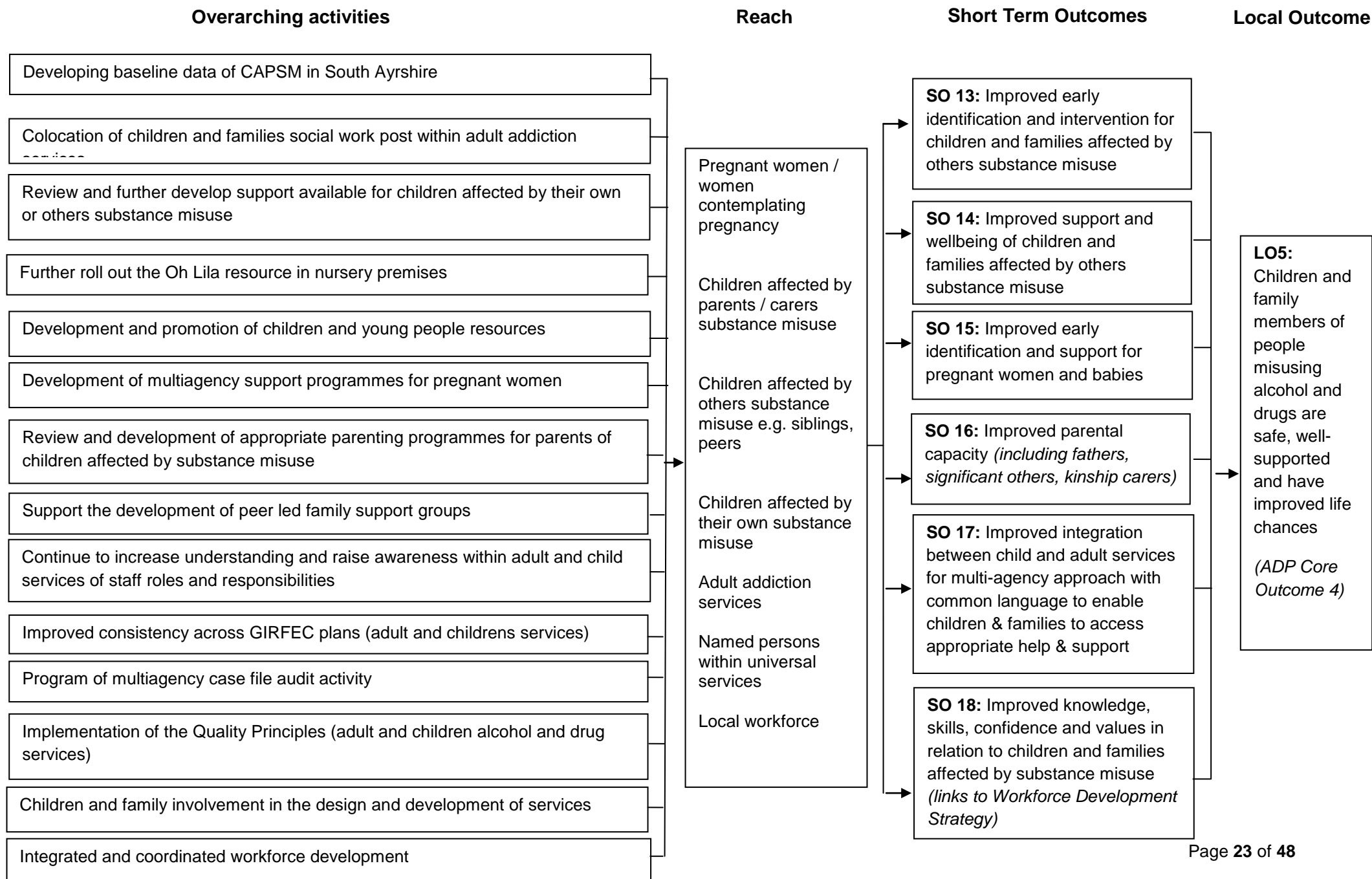
- ADP and CPC Joint Commitment Statement developed
- Phase 1 of the project to establish baseline data for children affected by parental substance misuse completed.
- ADP Children & Families Social Work post collocated within adult addiction services
- Small scale audits of adult alcohol & drug services and children & family services undertaken to look at joint working and information sharing.
- Multiagency GOPR training developed and embedded in multi-agency training calendar.
- GOPR Practitioners Guidance developed
- Oh Lila Resource rolled-out in nursery school premises
- RORY resource piloted in two primary schools in South Ayrshire

Priority activities for 2015/18:

- Complete Phase 2 of the CAPSM research project
- Develop multiagency support programmes for pregnant women
- Review and further develop services available for children affected by others substance misuse and young people affected by their own substance misuse
- Review and develop appropriate parenting programmes for parents of children affected by substance misuse
- Development of peer-led family support groups

Figure 4 details the Local and Short-Term Outcomes the ADP are working towards in relation to children and families affected by others' substance misuse for 2015 - 2018.

Figure 4: Children and Families



4.4 Implementing a Recovery Orientated System of Care

Over the past four years the ADP has taken a phased-approach to implementing a *Recovery Orientated System of Care* (ROSC) in South Ayrshire. The ROSC helps people to take charge of their own recovery and is well suited to the asset-based community development approach.¹⁴

The ROSC has the following strategic vision at its heart:

- Recovery is possible and at the centre of all services we provide
- People will own their own recovery and service staff will facilitate their recovery journey
- People in recovery will support others along the path to recovery
- Communities will support their members through recovery
- People in recovery support their communities
- People in recovery will have a key role in planning and development of services.

Key Achievements during 2011 - 15:

- ROSC Stakeholder Development events to agree and build consensus on a ROSC for South Ayrshire.
- Recovery Knowledge Inventory Survey completed by over 450 individuals.
- ROSC Briefing sessions delivered to over 100 staff.
- Outcomes mapping of service delivery and new Alcohol and Drug Recovery Service commissioned in line with the principles of the ROSC.
- Multiagency stakeholder event held to review the Opiate Replacement Therapies (ORT) Report and agree local improvement actions.
- ADP Service User Engagement Steering Group established which has now become RecoveryAyr, a local recovery community and registered charity.
- Supported the development of recovery communities including pantomime productions, Christmas Fayres, a gardening group and Cafe Hope.
- Service user representation on ADP groups
- ADP Peer Worker and Recovery Communities Development Officer recruited.
- Support local people in recovery to develop 'Celebrating Recovery' resources
- ADP Volunteer Peer Worker Training Programme developed.
- Met and exceeded HEAT A11 access to treatment waiting times targets.
- Exceeded the local and national targets for the Take Home Naloxone Programme.
- Joint ADP and Adult Protection Committee joint statement.

The ADP has made significant progress towards implementing a ROSC in South Ayrshire and the phased implementation will continue during 2015 – 18.

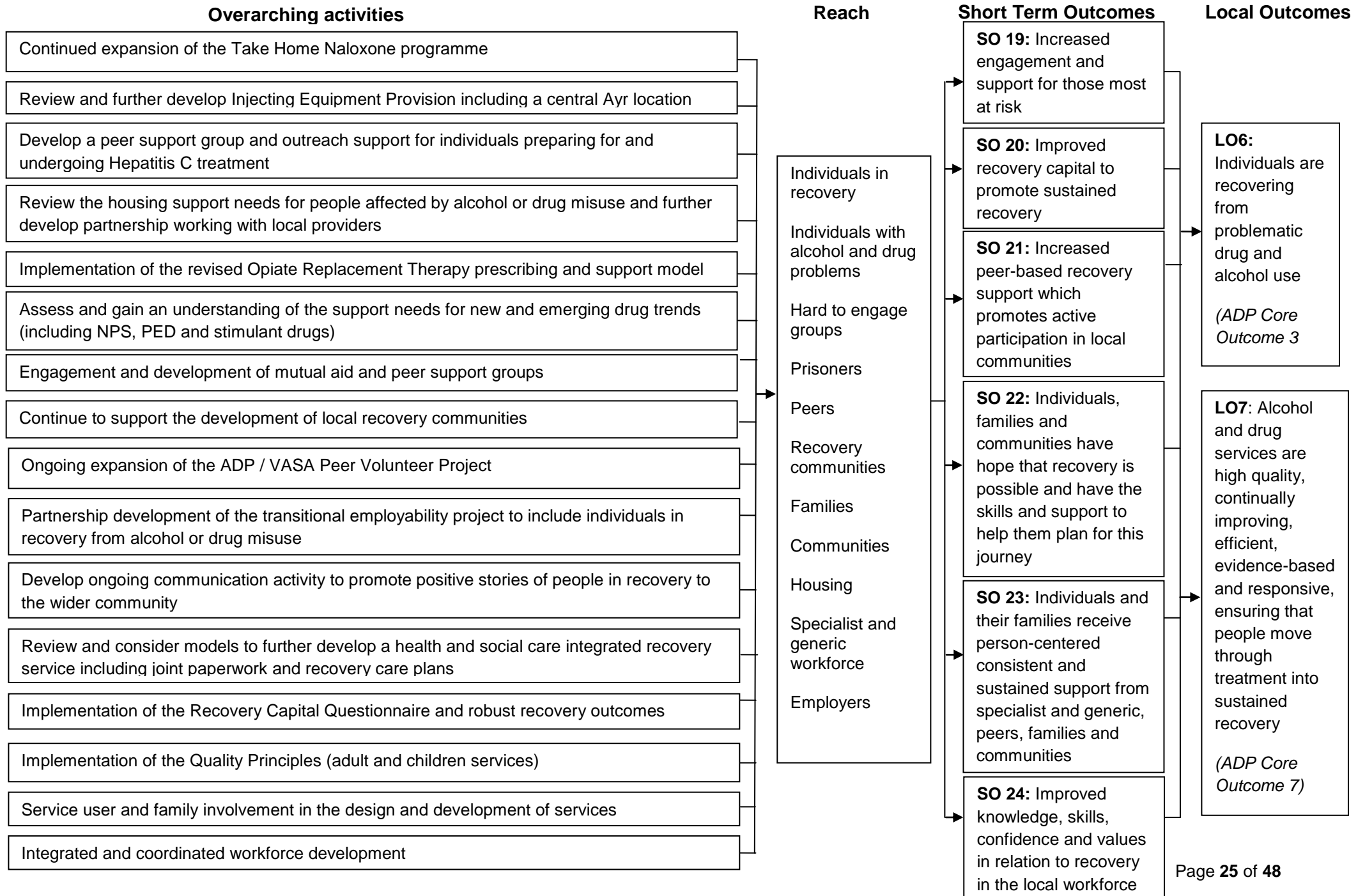
Priority Activities for 2015 - 18

- Continued expansion of the Take Home Naloxone programme
- Implementation of the local improvement actions from the ORT report
- Ongoing support for the development of recovery communities
- Expansion of the Volunteer Peer Worker Programme and peer led support groups
- Implementation of the Quality Principles across alcohol and drug services
- Continued roll-out of 'My Role in Recovery' training sessions

Figure 5 details the Logic Model approach for the ongoing implementation of the ROSC during 2015-2018.

¹⁴ [A Recovery Orientated System of Care for Ayrshire & Arran, 2011](#)

Figure 5: Recovery Orientated System of Care



5. STRATEGIC COMMISSIONING

5.1 Commissioning Cycle

The ADP utilises the Joint Strategic Commissioning Cycle adopted and developed by the Joint Improvement Team (JIT) and now widely used across the public sector.

The commissioning cycle focuses on delivering improved outcomes for service users through a four stage process of analyse, plan, deliver and review. The four elements of the cycle are sequential and equally important. This cyclical process ensures strategic planning and delivery of services is aligned to local need and continuously reviewed.

5.1.1 Analyse

As part of the development of the 2011 – 15 ADP Strategy a Local Needs Assessment for Alcohol and Drugs was completed to identify local need and support the development services.

As part of the implementation of the ROSC in South Ayrshire an outcome mapping exercise was also undertaken. The mapping identified outcomes being delivered by the local services against a menu of outcomes. The findings from the needs assessment and outcomes mapping were used to identify commissioning priorities for 2011 – 15.

The ADP has introduced a standardised performance management process for all ADP funded services which allows service demand to be monitored on a regular basis (see 6.2.2).

5.1.2 Plan

In addition to services already funded by the ADP two commissioning priorities were identified and taken forward during 2011 – 15:

- A local person-centred recovery support service which incorporates the principles of the ROSC
- A local service to support children and young people affected by parental/carer or their own substance misuse.

A number of additional local needs were identified and priority areas agreed including:

- developing service user involvement
- supporting the development of recovery communities
- developing a peer worker programme
- introducing an asset based recovery capital tool across adult recovery services
- children and families social work post based in adult treatment and recovery services
- developing Alcohol & Pregnancy campaign materials

As part of the on-going review process the ADP has agreed to develop a new model of service delivery for children affected by others substance misuse and children affected by their own substance use. The new service will begin on 1st April 2016.

Further work is required to provide a clearer picture of personal outcomes for service users and this will be a priority for the ADP moving forward.

5.1.3 Deliver

It is essential for the ADP to have a good understanding of the range of providers in the area and how their service delivery impacts on the strategic priorities. The ADP aims to ensure there is a sufficient range of volume of high quality services which are continually improving, evidence based and responsive to meet the needs and aspirations of individuals, families and the local community affected by alcohol or drug misuse.

As part of the performance management process (see 6.4.2) the ADP adopts a process of regular and productive dialogue with service providers which aim to encourage a partnership orientated relationship and treats all providers equally. Information about needs and service trends are shared openly and the service specifications are outcome focussed.

Services are required to demonstrate how and to what extent their methods of service delivery fulfil the service specification and contribute to the ADP outcomes, values and underlying principles.

The ADP aims to bring together relevant data on activity, finances and outcomes to judge whether a service is value for money and will consider re-commissioning where the service is not meeting the performance management expectations or the local needs has changed.

5.1.4 Review

The ADP adopts a process of on-going review through self-evaluation and annual reporting against the 7 national ADP outcomes and indicators and through the performance management of ADP funded services.

To support the process of review, the ADP has developed a Performance Management Guidance for all services funded through the ADP (see 6.2.2).

Further work is required to ensure each service specification is clearly link to the outcomes detailed in Section 4 and relevant indicators are included to measure the strategic impact of local service delivery.

5.1.5 Person-Centred Commissioning

The ADP recognises the value of person-centred information and using it throughout the commissioning process. The ADP will continue to work to find ways of co-producing the design, delivery and evaluation of services with service users.

Individuals in recovery were involved in the development of the Statement of Requirements for the adult alcohol and drug recovery service and were also part of the tender evaluation panel. Conversation cafes and regular service user feedback are also used to inform the development of local services.

5.1.6 National Quality Principles for Alcohol and Drug Services

During 2015/16 the ADP will support the alcohol and drug treatment and recovery support services to undertake a baseline assessment of current service delivery in line with the quality principles using an integrated framework.

The findings from the baseline assessment will inform a local service improvement plan which will be embedded in the ADP performance management arrangements.

5.2 Commissioning and Financial Management

The ADP established Commissioning & Performance Management (CPM) Sub Group. The CPM Sub Group reports directly to the ADP and is remitted to make recommendations to the ADP for funding in line with the strategic direction and priority areas for investment, monitor and evaluate the performance of ADP funded services making recommendations for remedial actions where required, and to monitor identified budgets ensuring the ADP adheres to financial management and accountability arrangements of host financial departments

5.2.1 Commissioning Process

The assessment of local need and logic model approach adopted by the ADP allows key priority areas to be identified and activities taken forward to meet these needs. Combined with the on-going review of service demand and emerging trends this allows the ADP to identify priorities for financial investment.

Priority areas for investment are considered under each of the four logic models areas of prevention, education and early intervention, healthier and safer communities, children and families and ROSC. The CPM Sub Group will review and make recommendations to the ADP in line with local need.

The ADP remains committed towards a shift of resources towards early intervention and preventative approaches across all strategic areas whilst ensuring that treatment and recovery services remain high quality, safe, sustainable based around the principles of the ROSC.

The ADP aims to ensure that resources and services are deployed with a scale and intensity which is proportionate to need.

5.2.2 Performance Management

The ADP ensures the effective implementation of the Council's *Policy and Operational Framework Engaging with Independent Sector Care and Support Service Providers and Standing Orders relating to Contracts* in the use of its resources from planning, commissioning and contracting to the delivery, monitoring and evaluation of services.

Standardised monitoring and performance management of services is essential to ensure that service users receive the most appropriate, efficient and effective service to meet required outcomes.

All ADP funded services requires, as a minimum, a Service Specification in place which details the outcomes and performance indicators the service should achieve. Monitoring of services ensures that:

- The service is working towards achieving the agreed outcomes and performance standards are being achieved
- The service is being delivered within the agreed timescale and at the right frequency
- The resources provided are in accordance with the service specifications

The level of monitoring of services is dependent on a number of factors including contract value and duration, management and identified risk. Each service is reviewed based on risk at the commencement of a contract and thereafter on an annual basis. The frequency of

monitoring can be revised at any point during the year where challenges and concerns have been highlighted.

As a minimum all services are required to:

- Complete a 6-monthly Monitoring Report
- Complete an Annual Monitoring and Evaluation Report which provides an overview of the service activity for that year and progress towards achieving the service outcomes.
- Take part in monitoring meetings once a year
- From 2015 the ADP will also be introducing annual site visits

5.3 Financial Investments

5.3.1 Scottish Government Alcohol and Drug Misuse Funding

The Scottish Government allocates funding to ADPs to support the delivery of the nationally agreed core outcomes and local outcomes on alcohol and drugs. The funding is routed through NHS Boards for administrative purposes and allocated to ADPs based on an agreed funding formula.

The ADPs have adopted the national funding formula split for dividing monies between the 3 ADP areas. For Alcohol Misuse monies this is 7.5% based on number of local authorities within health board area and 92.5% based on NRAC. For Drug Misuse monies this is 7.5% based on number of local authorities within health board area and 92.5% divided as 75% prevalence and 25% NRAC.

The allocation 2014 / 15 allocation for NHS Ayrshire & Arran Board Area was £2,680,041 for Alcohol Prevention, Treatment and Support and £1,815,923 for Drug Services and Support.

5.3.2 Additional ADP funding sources

South Ayrshire Council contributes funding for two adult alcohol and drug recovery support services and a service for children affected by parental substance misuse.

East Ayrshire Council contributes funding an alcohol counselling and recovery support service.

NHS Ayrshire & Arran contributes funding for the alcohol counselling and recovery support service and support for individuals entering treatment for Hepatitis C support.

The ADP was successful in securing funding from the Integrated Care Fund to further develop the Volunteer Peer Worker project.

The ADP has agreed 'in principle' funding allocations based on the 2014/15 level of funding allocations.

5.3.3 Total funding allocations for 2015 / 18

Alcohol Misuse allocation*	£920,264
Drug Misuse allocation	£423,333
South Ayrshire Council	£228,423
East Ayrshire Council	£65,010
NHS Ayrshire & Arran	£63,001
Integrated Care Fund	£55,000
Total	£1,755,031

**includes carry forward from 2014/15.*

Funding allocations for 2016/18 will be reviewed and agreed following confirmation from the Scottish Government of funding allocations.

Table 1 provides a breakdown of the funding allocations for 2015/16.

5.3.4 NHS Ayrshire & Arran Core Direct Spend

In addition to the Alcohol Misuse and Drug Misuse Funding detailed above NHS Ayrshire & Arran has 'core' direct spend in relation to alcohol and drug misuse. This core funding incorporates elements of staffing and supplies costs but does not incorporate Pan-Ayrshire funding elements or funding related to substitute prescribing.

The annual core funding for South Ayrshire is £370,215.

Table 1: ADP funding allocations for 2015/16

	Alcohol misuse	Drugs misuse	NHS	Local Authority	Integrated Care Fund	Total	Percentage split
Prevention, Education and Early Intervention <i>Includes ABI, educational inputs/media, young people, licensing objectives</i>	153,803	0	0	0	0	153,803	9%
Healthier & Safer Communities <i>Includes police funding, test purchasing and young people's project</i>	12,718	0	0	0	0	12,718	1%
Children & families <i>Includes CAPSM and Young People Service, Children & Families Social work post and CAPSM research</i>	122,245	0	0	17,000	0	139,245	8%
Recovery Orientated System of Care							
Tier 1 Recovery Focussed Support <i>Includes recovery communities, peer worker roles, education, training and activities</i>	159,719	38,710	0	0	55,000	253,429	14%
Tier 2 Commissioned Recovery Support Services <i>Includes alcohol and drug recovery support and counselling</i>	48,219	134,050	33,001	276,433	0	491,703	28%
Tier 3 Treatment Support Services <i>Includes NHS treatment and recovery support services</i>	291,354	214,772	30,000	0	0	536,126	30%
Tier 4 Residential Rehabilitation Services <i>Local residential rehabilitation service</i>	29,623	0	0	0	0	29,623	2%
Communication and Workforce Development <i>Includes communication activities, training and ADP support</i>	102,583	35,801	0	0	0	138,384	8%
Totals	£920,264	£423,333	£63,001	£293,433	£55,000	£1,755,031	

*services allocated into Tiers based on the tiers detailed within the ROSC for Ayrshire & Arran¹⁵

¹⁵ [A Recovery Orientated System of Care for Ayrshire & Arran, 2011](#)

6. GOVERNANCE AND ACCOUNTABILITY ARRANGEMENTS

6.1 Relationship with the Integrated Joint Board and Community Planning Partnership

South Ayrshire Alcohol and Drug Partnership (ADP) was established in August 2009 a Thematic Group within the South Ayrshire Community Planning Partnership (CPP) structure and reported directly to the CPP.

In 2015, as part of the Integration of Health & Social Care, the ADP became a thematic group within the Health & Social Care Partnership (HSCP) structure. The ADP will report directly to the Integrated Joint Board (IJB) and the link to the CPP will be through the IJB.

The details of the reporting relationship between the IJB, CPP and ADP are still to be further defined. As a minimum the ADP will provide updates and performance reports to the IJB on a 6-monthly basis.

Figure 6 details the new ADP Structure and relationships to the IJB and CPP.

6.2 Performance Management

6.2.1 ADP Sub Groups and Implementation Plans

Topic specific ADP Sub Groups are remitted to develop Implementation Plans which will support the delivery of the local outcomes and overarching activities. The Implementation Plans detail key actions, who will deliver them and by when. Each Sub Group has wide partner and service user representation and has an agreed Terms of Reference.

Each Sub Group reports to the ADP on a 6-monthly basis and the Implementation Plans are reviewed and updated on an annual basis to ensure that the actions continue to meet the needs of the local community.

6.2.2 Performance Management Framework

A performance management framework has been developed to ensure that progress towards the outcomes can be demonstrated to our partners and, more importantly, to our communities and service users.

The performance framework details specific indicators which will measure progress towards achieving the local outcomes. Service delivery indicators are also being reviewed to ensure service providers can evidence their impact on the local outcomes.

The data from a number of indicators is currently being collated and reviewed. Updated data and targets will be included within the Annual Report.

Section 6 details the Performance Framework. The indicators detailed in the performance framework are predominately high level indicators and evidence suggests that it is likely to take 3-5 years for a positive change to be seen in Intermediate Outcomes and 10 years or more for a change in High Level Indicators therefore positive change in a number of outcomes may not be seen during this plan.

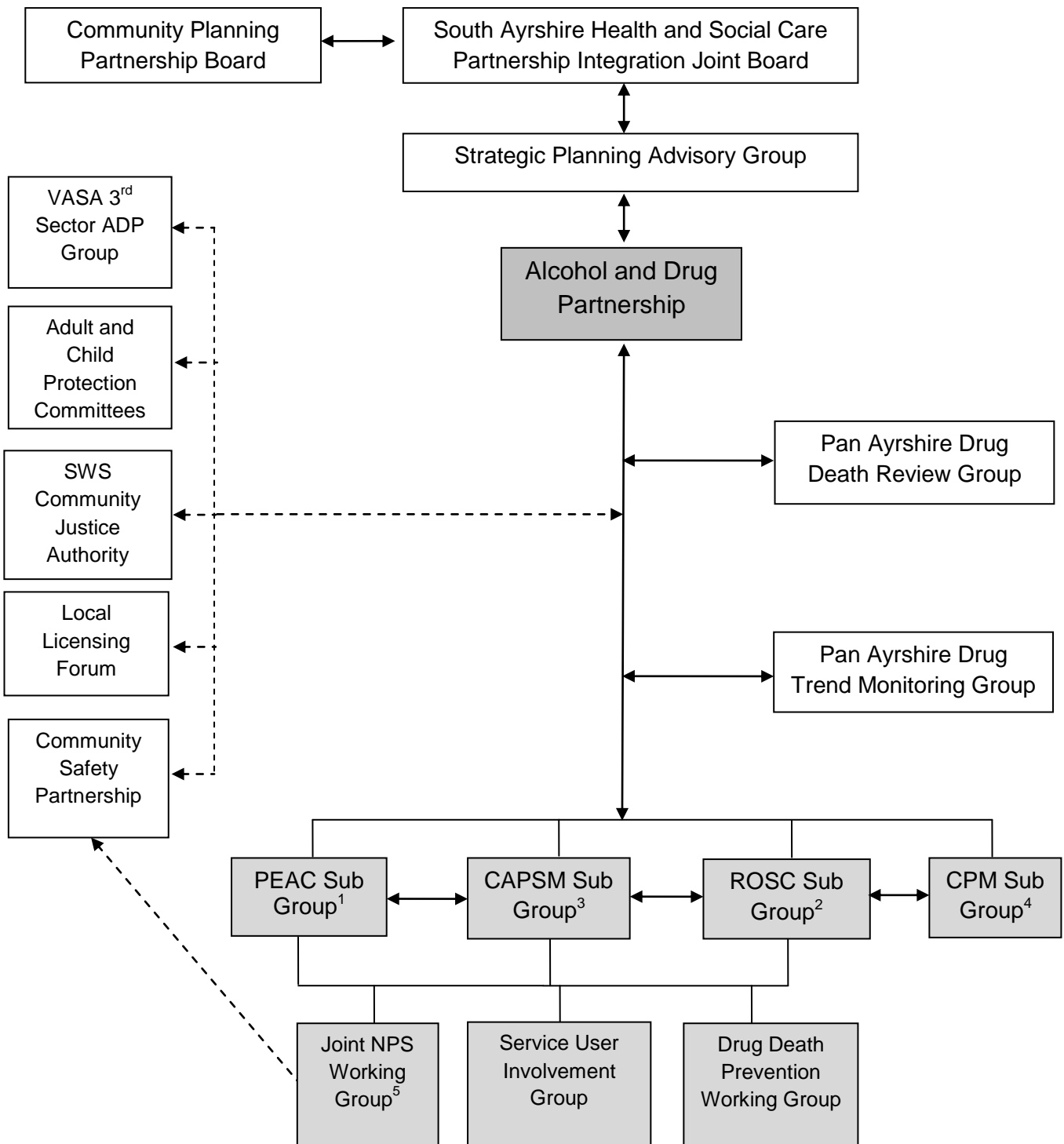
The ADP recognises that the achievement of the outcomes will result from the contribution of all areas within the strategy delivering synergistically in addition to external factors which may lay out with the control the ADP.

6.2.3 Benchmarking

In addition to benchmarking with the Scottish ADP indicator data, the ADP have selected two ADP areas for benchmarking purposes. West Lothian and Dumfries & Galloway were selected as they are part of the local government benchmarking 'people' family group as South Ayrshire and have similarities in the ADP core indicators data.

A further review of the benchmarking data with supporting narrative will be provided in the ADP Annual Reports.

6.3 Figure 6 ADP Structure Chart



— Direct links between groups
 - - - Links between groups

- 1 Prevention & Education, Availability & Communities Sub Group
- 2 Recovery Orientated System of Care Sub Group
- 3 Children Affected by Parental Substance Misuse Sub Group
- 4 Commissioning & Performance Management Sub Group
- 5 New Psychoactive Substances Working Group (joint with Community Safety Partnership)

7. Performance Management Framework

7.1 Local Outcome 1: People are healthier and experience fewer risks as a result of alcohol and drug use

Indicators		Indicator type and source	Area	Baseline				South Ayrshire 2018 Target
				2010/11	2011/12	2012/13	2013/14	
1.1	Rate of drug related hospital stays (<i>per 100,00 population</i>)	National (SMR01, ISD)	South Ayrshire	155.6	134.3	113.2	153.9	Reduce to 150
			Scotland	116.6	117.6	107.9	124.6	
			West Lothian	108.5	143.6	119.3	121.6	
			Dumfries & Galloway	116.4	119.4	121.7	145.5	
1.2	Rate of alcohol-related hospital stays (<i>per 100,000 population</i>)	National (SMR01, ISD)	South Ayrshire	913.3	875.4	793.8	777.4	Reduce to 750
			Scotland	759.6	749.8	697.0	696.9	
			West Lothian	718.3	766.3	737.2	639.5	
			Dumfries & Galloway	522.8	498.5	486.4	520.8	
				2010	2011	2012	2013	
1.3	Rate of alcohol-related mortality (<i>per 100,000 population</i>)	National (NRS, ISD)	South Ayrshire	32.0	17.8	23.2	14.8	Reduce to 14
			Scotland	26.1	24.6	21.2	21.4	
			West Lothian	18.4	19.8	17.6	23.1	
			Dumfries & Galloway	20.6	11.8	8.9	13.7	
1.4	Rate of drug-related mortality (<i>per 100,000 population</i>)	National (NRS, ISD)	South Ayrshire	7.7	12.7	9.2	13.5	Reduce to 12
			Scotland	9.1	11.0	11.9	10.0	
			West Lothian	6.6	7.3	10.6	5.6	
			Dumfries & Galloway	4.1	9.6	4.7	7.1	
				2008/09	2010	2011/12	2012/13	
1.5	Percentage of injecting drug users testing positive for HVC antibody (% based on all injecting drug users tested)	National (NES, HPS)	South Ayrshire	60.0%	62.9%	56.3%	-	To be set when new data published.
			Scotland	54.6%	56.4%	53%	-	
			West Lothian	21.7%	24.7%	29.0%	-	
			Dumfries & Galloway	62.1%	50.7%	61.8%	-	
				2011/12	2012/13	2013/14	2014/15	
1.6	Number of Take Home Naloxone Kits distributed to individuals at risk of opiate overdose, cumulative total and percentage of the drug prevalence rate (DPR)	Local (NHS PSST)	South Ayrshire	160	138	127	145	National - 15% DPR
				160 14.5%	298 27%	425 38.6%	570 57.0%	Local - 40% DPR
1.7	Number of staff, volunteers and peers receiving Naloxone Training	Local (NHS PSST)	South Ayrshire	N/A	N/A	30	45	-

Indicators		Indicator type and source	Area	Baseline				South Ayrshire 2018 Target
				2011	2012	2013	2014	
1.8	Number of drug related deaths	Local (<i>Drug Death Review Group</i>)	South Ayrshire	10	11	12	22	-
				2012/13	2013/14	2014/15		
1.9	Number / percentage of accidental dwelling house fires where alcohol/ drugs is suspected to be a contributory factor	Local (<i>Scottish Fire & Rescue Service</i>)	South Ayrshire	23 23.5%	14 17.9%	16 17.8%		To be set when SFRS Strategic Plan released.
				2014/15				
1.10	Number of FASD training courses per year and number of participants from South Ayrshire	Local (NHS PSST)	Ayrshire & Arran	5 courses and 20 participants (additional courses in first year)				3 courses per year and 15 participants

7.2 Local Outcome 2: Fewer adults and children are drinking or using drugs at levels or patterns that are damaging to themselves or others

Indicators		Indicators type and source	Area	Baseline			South Ayrshire 2018 Target
				2006	2009/10	2012/13	
2.1	Estimated prevalence of Problem Drug Use Amongst 15-64 year olds in Scotland, by age group	National (<i>Drug Misuse Prevalence Study</i>)	South Ayrshire	1.5%	1.3%	1.1%	1.0%
			Scotland	1.6%	1.7%	1.7%	
			West Lothian	0.9%	1.3%	1.2%	
			Dumfries & Galloway	1.6%	1.4%	1.4%	
2.2	Estimated prevalence of problem drug use in males (ages 15 to 64)	National (<i>Drug Misuse Prevalence Study</i>)	South Ayrshire	1.9%	2.0%	1.6%	1.5%
			Scotland	2.3%	2.5%	2.4%	
			West Lothian	1.3%	1.9%	1.7%	
			Dumfries & Galloway	2.2%	2.1%	2.0%	
2.3	Estimated prevalence of problem drug use in females (ages 15 to 64)	National (<i>Drug Misuse Prevalence Study</i>)	South Ayrshire	1.0%	0.9%	0.7%	0.6%
			Scotland	1.0%	1.0%	1.0%	
			West Lothian	0.5%	0.7%	0.7%	
			Dumfries & Galloway	0.9%	0.8%	0.8%	
				2006	2010	2013	
2.4	Percentage of 15 year old pupils who used illicit drugs in the last month	National (SALSUS)	South Ayrshire	11%	7.8%	12.5%	12%
			Scotland	14.0%	11.4%	9.4%	
			West Lothian	14.0%	11.4%	8.5%	
			Dumfries & Galloway	11.0%	6.9%	10.1%	
2.5	Percentage of 15 year old pupils who have used illicit drugs in the last year	National (SALSUS)	South Ayrshire	18%	16.5%	17.2%	17%
			Scotland	23.0%	18.5%	15.5%	
			West Lothian	23.0%	18.2%	15.7%	
			Dumfries & Galloway	16.0%	13.3%	14.5%	
2.6	Percentage of 15 year old pupils drinking on a weekly basis	National (SALSUS)	South Ayrshire	39%	18%	10.3%	10%
			Scotland	30%	20.4%	11.6%	
			West Lothian	31.0%	20.0%	9.3%	
			Dumfries & Galloway	31.0%	21.7%	11.6%	

Indicator		Indicator type and source	Area	Gender	2008 – 11	South Ayrshire 2018 Target
2.7	The proportion of individuals drinking above daily and/or weekly recommended limits	National (<i>Scottish Health Survey</i>)	Ayrshire & Arran	Men	46.6%	Decrease
				Women	37.8%	
			Scotland	Men	48.7%	
				Women	38.6%	
			Lothian	Men	45.8%	
				Women	35.5%	
Dumfries & Galloway	Men	50.6%				
	Women	40.6%				
2.8	The proportion of individuals drinking above twice daily (“binge” drinking) recommended limits	National (<i>Scottish Health Survey</i>)	Ayrshire & Arran	Men	22.5%	Decrease
				Women	16.2%	
			Scotland	Men	26.0%	
				Women	16.7%	
			Lothian	Men	19.8%	
				Women	11.2%	
Dumfries & Galloway	Men	27.2%				
	Women	1.2%				
2.9	The proportion of individuals with problem drinking (16yrs+ and based on CAGE)	National (<i>Scottish Health Survey</i>)	Ayrshire & Arran	Men	13.5%	Decrease
				Women	9.2%	
			Scotland	Men	13.9%	
				Women	9.5%	
			Lothian	Men	11.2%	
				Women	6.7%	
Dumfries & Galloway	Men	13.9%				
	Women	10.9%				

7.3 Local Outcome 3: People live in positive, health-promoting local environments where alcohol and drugs are less readily available

Indicators		Indicator type and source	Area	Baseline			South Ayrshire 2018 Target
				2006	2010	2013	
3.1	Percentage of 15 year old pupils who have ever been offered drugs	National (SALSUS)	South Ayrshire	48%	37.5%	39.9	39%
			Scotland	53%	42.5%	35.6	
			West Lothian	52%	50.8%	37.4%	
			Dumfries & Galloway	47%	34.5%	31.6%	
				2007/09	2009/10	2013	
3.2	Percentage of people perceiving drug misuse or dealing to be very or fairly common in their neighbourhood	National (Scottish Household Survey)	South Ayrshire	6.7%	11.9%	7.1%	7%
			Scotland	12.6%	11.6%	11.9%	
			West Lothian	10%	13.8%	11.2%	
			Dumfries & Galloway	9.5%	11.5%	14.2%	
				2009/10	2012	2013	
3.3	Percentage of people perceiving rowdy behaviour to be very/fairly common in their neighbourhood	National	South Ayrshire	14%	9.6%	9.3%	9%
			Scotland	15%	14.5%	12.6%	
			West Lothian	13.4%	10.0%	7.5%	
			Dumfries & Galloway	13.1%	10.5%	9.9%	
				2012/13		2013/14	
3.4	Number and rate of premise licences in force per 10,000 population 18+ - On Trade	National (Liquor Licensing Statistics)	South Ayrshire	Number 300 Rate 32.7	Number 299 Rate 32.5	Number 299 Rate 32.5	
			Scotland	Rate 27.0	Rate 26.6		
			West Lothian	Rate 18.4	Rate 17.4		
			Dumfries & Galloway	Rate 38.9	Rate 39.1		
3.5	Number of premise licences in force per 10,000 population 18+ - Off Trade	National (Liquor Licensing Statistics)	South Ayrshire	Number 120 Rate 13.1	Number 130 Rate 14.1	Number 130 Rate 14.1	
			Scotland	Rate 11.4	Rate 11.4		
			West Lothian	Rate 11.3	Rate 11.5		
			Dumfries & Galloway	Rate 13.0	Rate 12.7		
3.6	Number of personal licenses in force per 10,000 population 18+ (per annum)	National (Liquor Licensing Statistics)	South Ayrshire	Number 1,312 142.9	Number 1,850 Rate 200.9	Number 1,850 Rate 200.9	
			Scotland	Rate 107.8	Rate 123.5		
			West Lothian	Rate 79.3	Rate 88.2		
			Dumfries & Galloway	Rate 114.8	Rate 124.2		

Indicators		Indicator type and source	Area	Baseline			South Ayrshire 2018 Target
				2011/12	2012/13	2013/14	
3.7	Number of new applications and proportion refused on the grounds of overprovision	Local (SAC, Licensing)	South Ayrshire	15 made 0 refused	12 made 0 refused	12 made 0 refused	-
				2012/13	2013/14	2014/15	
3.8	Number of Test Purchase Operations carried out and number of premises which failed the test.	Local (Police Scotland)	South Ayrshire	5 x Operations 18 x visits 1 x failure	6 x Operations 14 x visits 2 x failure	4 x Operations 22 x visits 0 x failures	6 operations per year
3.9	Number of Agent sales patrols and number of "agents" detected	Local (Police Scotland)	South Ayrshire	-	6 x patrols 2 x detections	3 x patrols 0 x detections	-
				2012/13	2013/14	2014/15	
3.10	Annual number of crimes directly related to drugs (possession and /or supply)	Local (Police Scotland)	South Ayrshire	564	534	651	To be set when new data available.

7.4 Local Outcome 4: Communities and individuals live their lives safe from alcohol and drug related offending and anti-social behaviour

Indicators		Indicator type and source	Area	Baseline					South Ayrshire 2018 Target			
				2010/11		2011/12						
4.1	Percentage of new clients at specialist drug treatment services who report funding their drug use through crime	National (SDMD, ISD)	South Ayrshire	17.9%		12.9%			Decrease to 12%			
			Scotland	22.3%		20.9%						
			West Lothian	14.4%		8.8%						
			Dumfries & Galloway	23.4%		17.5%						
				2011/12		2012/13						
4.2	Alcohol related offenses recorded by the police (per 10,000 population) <ul style="list-style-type: none"> Serious assault Common assault Vandalism Breach of peace 	National (Recorded Crime Data, Scottish Government)	South Ayrshire	7.5	114.5	117.1	40.6	7.2	94.3	97.1	32.8	To be set when new data published.
			Scotland	7.8	117.3	127.2	62.9	6.1	102.5	100.3	46.8	
			West Lothian	5.6	103.3	130.9	18.3	5.1	99.5	102.6	11.8	
			Dumfries & Galloway	4.4	87.1	99.4	69.5	3.1	74.6	76.4	55.5	
				2010 /11	2011 /12	2012 /13	2013/ 14	2014/ 15				
	4.3		Annual number of crimes directly related to alcohol <ul style="list-style-type: none"> Drink/ drug driving offences Consuming alcohol in a public place 	Local (Police Scotland)	South Ayrshire	168	123	117	128	134	To be set when new data published.	
						973	762	538	579	309		

7.5 Local Outcome 5: Children and family members of people misusing alcohol and drugs are safe, well-supported and have improved life-chances

Indicators		Indicator type and source	Area	Baseline			South Ayrshire 2018 Target
				2007/08-09/10	2009/10-11/1	2010/11-12/13	
5.1	Rate of maternities recording drug use (<i>per 1000</i>)	National (SMR02, ISD)	South Ayrshire	18.2	10.1	12.0	11.0
			Scotland	11.9	18.9	19.7	
			West Lothian	13.5	30.6	55.9	
			Dumfries & Galloway	12.2	12.8	10.3	
5.2	Rate of maternities recording alcohol use (<i>per 1000</i>)	National (SMR02, ISD)	South Ayrshire	Data not currently available on ScotPho website			-
				August 2013 – July 2014			
5.3	Number of unborn children identified through high risk pregnancy protocol (due to substance misuse)	Local (SAC/NHS)	South Ayrshire	18			To be set following more detailed review of the data.
				31st July 2012	31st July 2013	31st July 2014	
5.4	Rate of Child Protection Case Conference where parental drug misuse (with or without alcohol misuse) has been identified for children on the register at 31st July, per 10,000 population aged under 18	National (<i>Children's Social Work Statistics</i>)	South Ayrshire	17.8	8.7	10.3	To be set following more detailed review of the data.
			Scotland	5.0	6.4	6.7	
			West Lothian	5.5	8.9	6.1	
			Dumfries & Galloway	14.2	9.4	12.4	
5.5	Rate of Child Protection Case Conference where parental alcohol misuse (with or without drug misuse) has been identified for children on the register at 31st July per 10,000 population aged under 18	National (<i>Children's Social Work Statistics</i>)	South Ayrshire	8.7	11.6	15.7	
			Scotland	5.6	5.1	6.2	
			West Lothian	5.3	9.4	5.8	
			Dumfries & Galloway	8.9	5.1	11.0	
5.6	Rate of Child Protection Case Conference where parental alcohol or drug misuse has been identified for children on the register at 31st July per 10,000 population aged under 18	National (<i>Children's Social Work Statistics</i>)	South Ayrshire	23.1	16.0	22.5	
			Scotland	8.8	9.6	10.9	
			West Lothian	8.6	12.9	9.4	
			Dumfries & Galloway	18.8	11.2	17.9	
				2012/13	2013 / 14	2015/15	
5.7	Proportion of positive ABI screenings in ante-natal setting (<i>locally collated data</i>)	Local (NHS PSST)	South Ayrshire				Reduction of positive ABIs reduced to 45%
				765	1,090	1,129	
				471	639	577	
				62%	59%	51%	

Indicators		Indicator type and source	Area	Baseline		South Ayrshire 2018 Target
				August 2013 – July 2014		
5.8	Number of children who are subject to child protection enquiries where parental substance misuse was a primary and/or secondary concern	Local (SAC)	South Ayrshire	79 (of 189 referrals)		To be set following more detailed review of the data.
5.9	Numbers children and young people affected by parental substance misuse reporting increased resilience and wellbeing	(Local) (ADP)	South Ayrshire	tbc	tbc	To be set following more detailed review of the data.
				2014/15		
5.9	Number of peer led family support groups	Local (ADP)	South Ayrshire	0		1
5.10	Number of training courses and number of staff completing the GOPR training course	Local (SAC CPD)	South Ayrshire	48 <i>(4 courses took place the first year)</i>		2 courses / 32 staff per year

7.6 Local Outcome 6: Individuals are improving their health, well-being and life-chances by recovering from problematic drug and alcohol use

Indicators		National or local indicator	Area	Baseline	South Ayrshire 2018 Target
6.1	Percentage reduction in daily drugs spend during treatment	National (SDMD, ISD)	South Ayrshire	Data not currently available from ScotPho	-
6.2	Reduction in the percentage of clients injecting in the last month during treatment	National (SDMD, ISD)	South Ayrshire	Data not currently available from ScotPho	-
6.3	Proportion of clients who abstain from illicit drugs between initial assessment and 12 week follow-up	National (SDMD, ISD)	South Ayrshire	Data not currently available from ScotPho	-
6.4	Proportion of clients receiving drugs treatment experiencing improvements in employment/ education profile during treatment	National (SDMD, ISD)	South Ayrshire	Data not currently available from ScotPho	-
				2014/15	
6.5	Number of BBV tests performed within ADP recovery treatment and support services.	Local (NEO)	South Ayrshire	73	97 (10% year on year increase)
6.6	Number of Injecting Equipment Provision (IEP) in relation to injecting episodes.	Local (NEO)	South Ayrshire	109,434	117,848 (2.5% year on year increase)
6.7	Number of people entering treatment for Hepatitis C	Local (NHS)	South Ayrshire	Data currently being collated and reviewed and will be included within the Annual Report.	
6.8	Number / percentage of individuals accessing recovery treatment and support services who report improvements in their recovery capital between assessment and discharge from service	Local (SAMS)	South Ayrshire		
6.9	Number / percentage of individuals accessing recovery treatment and support services for problematic substance use who (<i>between assessment and discharge from service</i>) <ul style="list-style-type: none"> • Have ceased use of illicit drugs • Have reduced the level of prescribed methadone • Have ceased use of prescribed methadone • Are abstinent from alcohol 	Local (SAMS)	South Ayrshire		

Indicators		Indicator type and source	Area	Baseline		South Ayrshire 2018 Target
				2013/14	2014/15	
6.10	Number of planned discharges from recovery services with a positive outcome	Local (SAMS)	South Ayrshire	tbc	tbc	To be set following review of data.
6.11	Number of individuals in recovery taking part in the Volunteer Peer Worker training programme	Local (ADP)	South Ayrshire	0	11	15 recruited per year
6.12	Number of peer led recovery support groups (<i>excluding mutual aid groups</i>)	Local (ADP)	South Ayrshire	0	3	5
6.13	Number of individuals in recovery volunteering in local recovery community projects	Local (ADP)	South Ayrshire	tbc	tbc	Data currently being collated and reviewed.
6.14	Number of individuals in recovery completing educational or work based course of study	Local (Addaction / ADP)	South Ayrshire	tbc	tbc	Will be included within the Annual Report.
6.15	Number of staff and volunteers completing My Role in Recovery Training	Local (ADP)	South Ayrshire	N/A	86	50 per year
6.16	Number of self management courses per year for individuals in recovery	Local (ADP)	South Ayrshire	2	6	8 per year

7.7 Local Outcome 7: 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

Indicators		Indicator type and source	Area	Baseline				South Ayrshire 2018 Target
				2011/12	2012/13	2013/14	2014/15	
7.1	The number of alcohol brief interventions delivered in accordance with the HEAT Standard guidance and percentage of target	National (ISD)	Ayrshire & Arran	7,501 184%	8,002 196.3%	5,796 142%	4,712 116%	4,275 for 2015/16
				2012/13	2013/14	2014/15		
7.2	Number of staff receiving ABI training	Local (NHS PSST)	South Ayrshire	106	147	9		-
	Number of staff completing and passing Learnpro Module			210	116	184		
				2011/12	2012/13	2013/14		
7.3	Percentage of clients waiting more than three weeks between referral to a specialist drug service and commencement of treatment	National	South Ayrshire	2.3%	1.8%	1.9%		1.8%
			Scotland	18.9%	8.3%	4.9%		
			West Lothian	34.9%	14.2%	3.1%		
			Dumfries & Galloway	11.1%	5.0%	3.8%		
7.4	Percentage of clients waiting more than three weeks between referral to a specialist alcohol service and commencement of treatment	National	South Ayrshire	4.3%	4.4%	3.9%		3.8%
			Scotland	14.2%	7.9%	3.2%		
			West Lothian	38.1%	14.0%	2.6%		
			Dumfries & Galloway	16.6%	14.1%	3.6%		
				2011/12		2012/13		
7.5	SDMD initial completeness	National (ISD)	Ayrshire & Arran	85.8%		41.2%		To be set when locality data extracted and further reviewed.
			Scotland	74.3%		62.9%		
			Lothian	67.6%		54.3%		
			Dumfries & Galloway	74.7%		84.0%		
7.6	SDMD follow-up completeness	National (ISD)	Ayrshire & Arran	6.1%		5.6%		
			Scotland	12.1%		14.6%		
			Lothian	14.7%		11.0%		
			Dumfries & Galloway	36.2%		34.7%		
				2014/15				
7.7	Number of services with the National Quality Standards for Substance Misuse embedded within performance management processes	Local (ADP)	South Ayrshire	0				4

APPENDIX 1: GLOSSARY

Throughout this document the terms '*alcohol and drug misuse*' and '*substance misuse*' are used interchangeably.

Harmful Drinking refers to drinking at a level which has caused evidence of physical, social and/or psychological harm.

Hazardous Drinking refers to drinking above a level that may cause harm in the future, but is not currently causing clear evidence of harm.

- ABI** **Alcohol Brief Intervention:** a short, evidenced-based, structured conversation about alcohol with a client that seeks in a non-confrontational way to motivate and support a client to think about and/or plan a behaviour change relating to their alcohol use. ABIs are most effective with hazardous drinkers.
- ARBD** **Alcohol-Related Brain Damage** is the physical injury to the brain caused by heavy alcohol use and lack of proper nutrition.
- ADP** **Alcohol and Drug Partnership:** a thematic group of the Health & Social Care Partnership Structure. The ADP is a multi-agency partnership which provides the strategic leadership for alcohol and drug issues.
- CJA** **Criminal Justice Authority:** a group of key partners creating an integrated approach with a shared task, to reduce reoffending and create safer communities.
- CoSLA** **Convention of Scottish Local Authorities:** the representative voice of Scottish local government which also acts as the employers' association on behalf of all 32 Scottish Councils
- CPC** **Child Protection Committee:** a strategic partnership involving the main statutory and voluntary organisations in the area. Its purpose is to ensure that local agencies work together to protect children from harm and keep them safe.
- CPP** **Community Planning Partnership:** the partnership which coordinates the Community Planning process. Community Planning is the process "*by which the public services provided in the area of the local authority are provided and the planning of that provision takes place*".¹⁶
- CSP** **Community Safety Partnership:** a thematic group of the Community Planning Partnership. The CSP works with partners and the community to make South Ayrshire a safer, healthier and more confident place.
- GIRFEC** **Getting it right for every child** is a national programme that aims to improve outcomes for all children and young people. GIRFEC is implemented locally in South Ayrshire.

¹⁶ Local Government in Scotland Act 2003. <http://www.legislation.gov.uk/asp/2003/1/contents>

HEAT	<i>Health Improvement, Efficiency, Access and Treatment:</i> these are the National Health Service (NHS) key objectives, targets and measures that reflect Ministers' priorities.
HSCP	<i>Health & Social Care Partnership</i> local partnership established in accordance with the provisions of the Public Bodies (Joint Working) (Scotland) Act, 2014. The Partnership has responsibility, primarily, for a range of health and social care functions relating to adults, older people and children and will oversee the strategic planning and budgeting of these, together with corresponding service delivery.
HRPP	<i>High Risk Pregnancy Protocol</i> is followed when one or more stated circumstances (including substance misuse), exists in the household of a pregnant woman.
HWL	<i>Healthy Working Lives</i> award programme supports employers and employees in developing health promotion and safety themes in the workplace in a practical, logical way that is beneficial to all.
IJB	<i>Integrated Joint Board</i> is the responsible for the governance of the Health & Social Care Partnership. The board comprises of eight voting members appointed from Elected Members of the Council, NHS Board Non-Executive Directors and other appointees, and a number of representative members from other sectors and stakeholder groups.
ROSC	<i>Recovery Orientated System of Care:</i> the locally agreed model of recovery-focused service provision which supports person-centred and self-directed approaches to care that build upon the strengths and resilience of individuals, families and communities.
SIGN	<i>Scottish Intercollegiate Guidelines Network</i> develops evidence-based clinical practice guidelines for the NHS in Scotland.
SOA	<i>Single Outcome Agreement:</i> the means by which the Community Planning Partnership agrees their strategic priorities for their area. The SOA expresses those priorities as outcomes to be delivered by the partners, while showing how those outcomes should contribute to the Scottish Government's National Outcomes.