

Department of Corporate and Community Services

Deputy Chief Executive: Caroline Innes BSc (Hons)

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Date: 6 September 2016

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TO: Members of the East Renfrewshire Licensing Forum/East Renfrewshire Licensing Board.

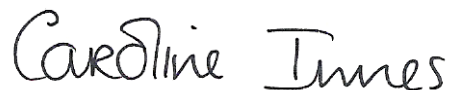
Dear Forum Member/Councillor

EAST RENFREWSHIRE LICENSING FORUM/LICENSING BOARD

A joint meeting of the East Renfrewshire Licensing Forum and Licensing Board will be held within the Council Chamber, East Renfrewshire Council Headquarters, Eastwood Park, Giffnock, on **Tuesday 13 September 2016 at 7.00 pm.**

The agenda of business is as shown below.

Yours faithfully



C INNES
DEPUTY CHIEF EXECUTIVE

AGENDA

1. **Report apologies for absence.**
2. **Minute of joint meeting held on 15 September 2015 (copy attached, pages 3-8).**
3. **Matters Arising.**
4. **Police Scotland Annual Report 2015/2016 (copy to follow).**
5. **Alcohol & Drugs Partnership Annual Report 2014/15: Feedback and Analysis from Scottish Government (copy attached, pages 9-35).**
6. **Licensing Update 2016 – Presentation by Licensing Standards Officer.**

7. **Any other Business.**

8. **Date of Next Joint Meeting – Tuesday 12 September 2017 at 7.00pm, Council Chamber.**

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MINUTE

of

EAST RENFREWSHIRE LOCAL LICENSING FORUM AND
EAST RENFREWSHIRE LICENSING BOARD

Minute of joint meeting held at 7.00pm in the Council Chamber, Council Headquarters, Giffnock, on 15 September 2015.

Present:

Local Residents

Caroline Church
Ken Hunter
Frank McGee
Helena Shanks

Health/Social Work

Janice Thomson

Licensees

Keith Miller

Licensing Standards Officer

Dominic McMahon

Strathclyde Police

Chief Inspector Angela Carty

Licensing Board

Councillors Charlie Gilbert, Kenny Hay Stewart Miller and Tommy Reilly.

Dominic McMahon presided

Attending:

Eamonn Daly, Clerk to the Forum; Jacqui McCusker, Senior Solicitor.

Apologies:

James Breckenridge, Bruce Tulloch and Fiona Macdonald.

ACTION BY

1. MINUTE OF PREVIOUS MEETING

The meeting considered and approved the Minute of the previous joint meeting held on 3 February 2014.

2. MATTERS ARISING

It was noted that there were no matters arising from the Minute.

3. POLICE SCOTLAND ANNUAL REPORT

Mr McMahon invited Chief Inspector Carty to present the police annual report for the period 1 April 2013 to 31 March 2014, prepared in accordance with Section 12A of the Licensing (Scotland) Act 2005.

Chief Inspector Carty was heard further on the report in the course of which she referred to the National Liquor and Civic Licensing Policy Unit. This was a specialist department which, working with divisional licensing teams, shaped policy and strategy concerning the police licensing function in conjunction with providing practical and tactical advice to police licensing practitioners operational officers supervisors and policing commanders. She explained that the licensing objectives contained in the legislation linked nicely with the police's own priorities.

Thereafter Chief Inspector Carty provided some information in relation to the operational arrangements in the East Renfrewshire area, explaining that the licensing board area was policed by Greater Glasgow Division. She also referred to the partnership working taking place and to the close working relationship with the Licensing Standards Officer. She commented on the intervention process used by the police as part of their operational policing toolkit highlighting that it had not been considered necessary to implement the process for any East Renfrewshire licensed premises.

Details of the number of licence applications submitted in 2014/15 having been provided, Chief Inspector Carty provided further information regarding the work carried out by the police in relation to the prevention of the sale or supply of alcohol to children or young persons. She explained that this was more in relation to agent sales rather than direct sales to young people, and also referred to the key role played by campus cops in relation to educating young people.

Chief Inspector Carty was then heard on some of the work being carried out in relation to serious and organised crime where licensed premises were often used as a "front" for illegal activities. In conclusion Chief Inspector Carty was then heard on some of the proposed police activity for the coming year.

Thereafter full discussion took place in the course of which reference was made to the new "Innkeeper" IT licensing solution that had been purchased and the perceived benefits of the system.

Mr McMahon also supported the comments made in relation to the close working relationship he had with the police, referring in particular to weekly meetings he had with local police to identify potential issues.

On behalf of the meeting, Mr McMahon thanked Chief Inspector Carty for the presentation.

4. FORUM MEMBERSHIP SURVEY RESULTS

The meeting considered a paper prepared by Alcohol Focus Scotland providing information relating to licensing forum membership across the country. The paper explained that membership varied from area to area and highlighted a number of emerging themes. These included that some areas did not have a health representative member, that forums in general were having difficulty in attracting either young persons or persons representative of young persons.

The paper was noted.

5. REVIEW OF LICENSING BOARD

The meeting took up consideration of a report relative to the review of the operations of the Licensing Board conducted by the Council's Chief Executive. A copy of the Chief Executive's report was attached.

Councillor Reilly, Chair of the Licensing board, having commented further on the reason for the review, Ms Church sought clarification of the status of the Board's policy statement.

In reply it was explained that the Board had now approved the policy statement and that the reason for the delay in this had been finalising the overprovision statement.

It was noted that policy statements were to cover the period 2013/2016 and that the next policy statements were scheduled to be in place from November 2016, although Mr McMahon, referring to the provisions of the new Air Weapons and Licensing Act explained that the timescales for policy statements may be amended and pushed back to May 2017.

The meeting noted the report.

6. EAST RENFREWSHIRE ALCOHOL AND DRUGS PARTNERSHIP DELIVERY PLAN 2015-2018

The meeting considered the East Renfrewshire Alcohol and Drugs partnership Delivery Plan 2015-2018.

Having set out the role of the Alcohol and Drugs Partnership (ADP) and set out the outcomes the delivery plan was intended to achieve, the plan provided details of the governance and accountability arrangements for the ADP and the financial framework for the period covered by the plan. Thereafter, the plan listed ADP and Ministerial priorities and associated actions, as well as providing details of the performance framework in

place along with priority actions to improve outcomes for the 2015-2018 period.

Janice Thomson ADP Coordinator was then heard further on the report. She highlighted the complex nature of the work and the importance of any interventions that were introduced were evidence based, targeted and appropriate.

Referring to the activities, she explained that real inroads were being made and that more people were recovering from drug and alcohol problems.

Explaining that East Renfrewshire Council was one of the best performing councils in the country, Ms Thomson reported that feedback on the plan from the Scottish Government had been very positive and the plan had been held up as an example of good practice.

Having heard Ms Thomson further on areas for improvement and the key actions going forward, full discussion took place. In response to a question from Councillor Reilly on "legal highs" Ms Thomson explained that new legislation was being introduced in respect of which there would be a lot of high profile awareness-raising work. Reference was also made to the positive uptake by staff of training in this area.

Mr McMahon also referred to some of the other work taking place and that information on "legal highs" had been incorporated into the recent "Safety in the Park" event.

The meeting noted the report and the additional information.

7. LIFTING OF BAN ON PERSONAL LICENCE HOLDERS

Mr McMahon referred to the legislative provisions whereby if a personal licence holder did not renew their licence on or before the date it was due to expire then they were prohibited from reapplying for a licence for 5 years.

Mrs McCusker explained that the Clerk to the Board had written to personal licence holders several times in advance of the new provisions being introduced but that in the region of 200 licences had been revoked.

However new legislation had now been introduced which allowed anyone whose personal licence had been revoked to reapply for a licence.

The meeting noted the information.

8. ALCOHOL WHOLESALER REGISTRATION SCHEME

The meeting took up consideration of a briefing pack produced by HM Revenue and Customs (HMRC) in relation to the new scheme being introduced to help combat alcohol duty fraud.

Commenting on the pack, Mr McMahon explained that the briefing listed all those elements that would be considered by HMRC, highlighting that applicants would be required to undergo a “fit and proper” test.

He emphasised that the new scheme would place a duty on licenses to ensure that their suppliers were legitimate.

Discussions regarding who would ensure compliance with the scheme were ongoing, although it was being suggested that the responsibility may fall to licensing boards/Licensing Standards Officers or Police Scotland.

It was noted that the number of alcohol wholesales in the area were low.

The meeting noted the information.

9. DATE OF NEXT MEETING

It was noted that the next joint meeting would be held on Tuesday 13 September 2016 at 7pm in the Council Chamber.

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Population Health Improvement Directorate
Public Health Division

Directorate for Safer Communities
Safer Communities Division

T: 0131-244 2278

E: Amanda.Adams@scotland.gsi.gov.uk



ADP Chairs
ADP Co-ordinators

Copied to:
NHS Directors of Finance
Community Planning Partnerships (CPPs)

31 August 2015

Dear Colleague

Alcohol and Drug Partnership (ADP) Feedback from ADP Three Year Delivery Plans 2015-18

1. Thank you for sharing your three year Delivery Plans with the Scottish Government.
2. As you know this is the second time ADPs have shared their Plans. The first time was in 2012 and was shortly after the Planning and Reporting Guidance was initially published. The Plans received in 2012 gave us some helpful insight into the work of ADPs, but did not provide a national picture as Plans were not well developed in the majority of areas and we were unable to draw any real conclusions.
3. Through the Plans received in June, we have seen significant progress in ADP planning compared to those received in 2012 and we have seen **significant improvements** in some areas of the Plans in comparison to ADP Annual Reports (received last year), but **there continues to be gaps, variance in the level of detail provided and areas where further improvements are needed. We are aware that some ADPs are delivering more than they evidence through their Plans and Reports.**
4. In comparison to the ADP Reports received last year we have seen **progress/improvements** in:
 - **Performance Frameworks** – significant improvements seen: these are more robust with clearer links and connections to both national and local outcomes, indicators, strengthened with SMART (*Specific, Measurable, Ambitious, Relevant, Time Bound*) improvement goals and activities.
 - **Recovery Orientated Systems of Care (ROSC)** – **16 ADPs have a ROSC in place, 11 ADPs are enhancing further.** The other 14 ADPs are developing their ROSC, with the majority achieving a good level of progress.

- **For the first time we have seen strengthened ADP accountability routes** - to Community Planning Partnerships and, for some ADP areas, to the newly established Integrated Joint Boards, making the connections and links to local improvements and outcomes through SOAs and local Plans.
- **Service User recovery outcomes** - being captured/planned to be captured in 12 ADPs through local systems, the SGs Recovery Outcomes Web (ROW) tool (which is currently being piloted) and Drug & Alcohol Information System (DAISy).
- **Planned Quality Improvement** – through evidenced implementation of The Quality Principles and the scheduled work with the Care Inspectorate to validate local services self- assessment against the Quality Principles.
- **Workforce** – positive progress in relation to workforce development and whilst there is continued work to be progressed, a large number of ADPs have developed in this area. It is clear that a large number of ADPs are taking cognisance of the vital role workforce development and planning has in the new landscape of Health and Social Care Integration and around the growth of Recovery Oriented System Care and Recovery Focused Principles. There is also a clear indication of the National Commissioned Organisations. Whilst a great deal of progress has been made there are still opportunities to develop quality assurance systems to assess the quality and impact of learning and development as well as the workforce planning required to align with the implementation of DAISy and the ROW tool.
- **Alcohol Brief Interventions (ABIs)** - positive examples of areas taking responsibility for sustaining ABI delivery, setting local targets for delivery and providing more detailed accounts of delivery settings and plans for training.
- **Implementing a Whole Population Approach for Alcohol (WPA)** - Most ADPs are reporting some form of WPA measures within their plan. The most common whole population activities relate to licensing, education activity (predominantly focused on school education or general awareness campaigns) and delivery of ABIs. We can see a number of ADPs are clearly building on the momentum they have made on these areas in the last three years. We are encouraged to see some ADPs are branching out from this core activity. Examples of broader work include: community engagement work, either linked specifically to licensing or more generally to understanding the impact of alcohol in the community; addressing alcohol's harm to others; workplace initiatives addressing alcohol use; workforce development on WPA; and planned engagement work with community planning and elected members.
- **Opioid Replacement Therapies (ORT)** - *(recommendations made by the independent expert group on opioid replacement therapies in Scotland in their 'Delivering Recovery' paper)* – ADPs who are prioritising these issues are doing so in an encouraging manner. We have seen improvements around: the development of mutual aid services and recovery hubs, involving those with lived experience in the development of peer support networks and also continuing support for those who are no longer in receipt of ORT; a strong focus on continued training of those in services in recovery orientated practice; and Engaging GPs and Community Pharmacists in the delivery of ORT, an aspect which was identified as essential from the ORT report.
- **New Psychoactive Substances (NPS)** – It is encouraging to see most ADPs now form part of a Drug Trend Monitoring Group or NPS Steering Group and key partners such as Police Scotland, NHS and Trading Standards are also involved in these

groups. There is some positive work planned on education and it is encouraging to see SALSUS being used to inform this work. There is also some positive work planned on research to gather local prevalence data to better understand the scale of the NPS issue.

Scottish Government – Financial Investment

5. ADPs will be aware that Ministers wish to understand the financial position of ADPs and the value for money spend/planned investment from the Scottish Government's allocation.

6. We have been unable to draw conclusions at a national level from the Financial information shared through the Plans. This is disappointing. The Scottish Government invests substantial public funds in ADPs and non-provision of financial information is unacceptable. Only four ADPs provided clear planned financial investment for 2015-18 and seven provided investment information for 2015-16.

7. ADPs are expected to provide robust financial spend information through their Annual Reports and Plans. As outlined in the 2015-16 ADP funding letter, we are looking for Delivery Plans and Annual Reports to **set out all resources utilised** in prevention, treatment, recovery or dealing with the consequences of problem alcohol and drug use in your localities. **Annual Reports must detail how the earmarked SG allocation was spent in each area during 2014-15.**

Feedback to ADPs on Delivery Plans and Annual Reports

8. It is expected that detailed feedback on ADP Plans will be provided from your CPPs/local accountability route. The Scottish Government's feedback for individual ADPs on their 2015-18 Delivery Plan, is attached at **Annex A**.

9. We thought it would be useful for ADPs to have sight of the reviewing document being used within Scottish Government to undertake our analysis & feedback to you from the Annual Reports (expected 15 September), this is attached at **Annex B**.

National Support

10. As you will be aware, the SG ADP National Support Team is available to support your capacity building, sharing of learning and good practice amongst ADPs around priority areas including:

- improving skills to use data for evidencing progress against core outcomes;
- delivering recovery-oriented systems of care through system redesign (including the transition from prison back to community and the importance of ensuring effective pathways are in place to support through-care arrangements);
- implementing a whole population approach to addressing problem alcohol use; and
- strengthening SG engagement with the social work/care sector in relation to drug and alcohol policy objectives and drug and alcohol workforce development.

11. We strongly encourage ADPs to use the national support available to them as well as utilising local expertise. Please contact Susan.Weir@scotland.gsi.gov.uk in the first instance to discuss opportunities for support.

ADP Events

12. An ADP Chairs event is scheduled for 22 October. The event will focus on the role of ADP Chairs as leaders; ADP governance and accountability, finance and quality improvement.

13. An ADP Co-ordinators event is being held on 12 November. This event will likely focus on findings from the ADP Delivery Plans, Quality Improvement, DAISy (Drug & Alcohol Information System) development and implementation plans and the associated Recovery Outcomes Web (ROW) tool.

14. As you know we have been running an implementation pilot for the Recovery Outcomes Web (ROW) tool in East Renfrewshire, Glasgow, Aberdeenshire and Angus. The ROW tool enables measurement of recovery outcomes in service users, services and across ADP areas and its data will help populate the Drug & Alcohol Information System (DAISy) being introduced in autumn 2016. The pilot is currently at its end stage and informal feedback has been very positive, although the formal evaluation has still to conclude. However in preparation for offering Scottish drug and alcohol services and ADPs this tool, we will be conducting a short survey to assess the number of ROW visual tools required by services and will be offering workforce development sessions for staff. Scottish Drug Forum's Workforce Development Team will be providing half day workforce development sessions between late October 2015 and the end of March 2016 in health board areas across Scotland. The national ROW tool pilot report with next steps will be available in October this year.

15. Agenda's and information on how to register for these events will be shared with ADPs as soon as possible.

16. If you require any further information on the content of this letter please contact Amanda Adams, Scottish Government Alcohol Team: Amanda.adams@scotland.gsi.gov.uk

Yours sincerely

Daniel Kleinberg
Tobacco, Alcohol
and Diet Team Leader

Beverley Francis
Head of Drugs
Policy Unit

ADP Delivery Plan 2015 – 2018
Scottish Government Analysis & Feedback

ADP	East Renfrewshire
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Delivery Plan		
Does the ADP delivery Plan cover 2015-2018?	Yes	<i>If no please state period.</i>

Feedback for ADP: Overview

Thank you for sharing your ADP Plan with us. We felt it was very strong and aligned well with the national guidance. Your Plan was well structured and highlighted the range of good work and progress your ADP has made to date, as well as clearly setting out your planned activities for future delivery which builds on the significant work already undertaken. Service User Involvement, recommendations from hidden populations, the redesign of children’s services to effectively meet the requirements through the children and young people (Scotland) Act 2014 would be useful for us to share with other ADPs as examples, with your ADPs permission.

Your Plan clearly illustrates strong leadership and the commitment of your ADP and members. Your Plan has been well thought through and clearly demonstrates your priorities, actions with an assigned lead and by when with targets and measures.

Your Performance Framework is excellent and clearly sets out the outcomes, indicators, improvement and activities. To make it even stronger, logic models could be used to demonstrate the links between activities and the impact they are expected to have.

Thank you for giving your permission allowing us to use it as an example of good practice for other ADPs.

**Part 1
Governance &
Accountability
Arrangements**

1. Does the ADP plan list the names of the organisations directly engaged in preparing the plan?	Details		Feedback For ADP
	Yes		It’s really encouraging to see the shared vision for all members (organisations) of the ADP.

2. Does the ADP plan evidence that it has been agreed by partner organisations?	Yes	Shared approach – shared vision
3. Does the Plan outline local governance arrangements for developing and overseeing delivery of the plan?	Yes	Your ADP Plan highlights the clear areas of responsibility across all your partners and the shared vision and approach which is in place within East Renfrewshire.
4. Does the Plan evidence the route and frequency the ADP reports to their governance arrangement?	<i>Route:</i>	We can see your ADP reports directly to both the Community Planning Partnership (CPP) and Health and Social Care Partnership (HSCP).
4b) How often does the ADP expect to receive feedback	<i>Frequency:</i>	6 monthly
	4b)	Your Plan highlights that feedback to the ADP from both the CPP and HSCP is anticipated on an annual basis.
5. Does the plan evidence how the ADP intends to demonstrate their contribution to the outcomes under the Public Bodies (Joint Working) (Scotland) Act?	Yes	Your ADP Plan advises - The new East Renfrewshire Integration Joint Board will be established in August 2015. Partners across the HSCP/CPP/ADP have worked collaboratively and contributed directly to the development of the new health and social care strategic plan. Core actions in relation to alcohol and drug prevention and recovery are aligned and will be reported through the health and wellbeing outcome of the strategic plan. This is really encouraging.
6. Does the plan evidence the ADP relationship with the Integrated Joint Board (IJB) and Community Planning Partnership?	Yes	See box 5 above. In addition the ADP Plan clearly evidences the SOA outcomes that the ADP reports on.
7. Does the Plan evidence how the ADP, CPP and IJB are planning to support improving outcomes jointly?	Yes	See Box 5 above.
8. Finance: Does the Plan set out how the ADP identified the resources utilised in prevention, treatment, recovery or dealing with the consequences of problem alcohol and drug use in their locality?	Yes	Your ADP Plan has a clear financial framework for each year 2015-18. This is commendable and is encouraging to see. Thank you for providing the detail that sits within the 4 pillars of the financial framework and providing information on the investment from partners including support in kind.

Part 2 Ministerial /ADP Priorities and Embedding Service Users into processes		
	Details	Feedback For ADP
9. Does the ADP plan identify a small number of strategic changes which the ADP intends to achieve during the 3 years of the plan in order to deliver the Alcohol Framework and the Road to Recovery?	Yes	Your ADP has identified strategic changes/outcomes in your plan which align well with the Ministerial priorities. It's encouraging to see the planned activities linked to these. Your ADP Plan and the activities within it more than fully meet the expectations of Scottish Ministers.
10. Do the above strategic changes evidence how the will contribute to a Single Outcome Agreements and health and Social Care Integration? (these may be outcomes or outputs that prevent alcohol or drug related harm and/or improve person centred recovery services.	Yes	
11. Recovery Orientated Systems of Care (ROSC)	In place and enhancing further	It is encouraging to see your ADP is enhancing your ROSC further through a range of measures which includes, recommendations from your hidden populations needs assessment and implementation of a programme of recovery workforce development across specialist addiction services. We can see a key action for your ADP to support your ROSC is the development is a commissioning and quality improvement plan which will also include the Quality Principles.
12. Does the Plan demonstrate/advise how the ADP is/intends to capture service users recovery outcomes?	Yes	Through the Recovery Outcomes Web Tool
13. Does the Plan evidence how service users and carer are embedded within the partnership/commissioning process?	Yes	Your ADP Plan fully evidences that your ADP will continue to ensure and demonstrate that service users and their families play a central role in the partnerships commissioning process and evaluating the impact of your services, you have provided a range of evidence within your plan which includes – demonstrating how your service users play an active role in the running and planning of your services, your ADP also has a service users plan in place which is reviewed on a monthly basis.
14. Does the plan evidence how service users/families are involved in evaluating	Yes <input type="checkbox"/>	Yes see box 13 above.

impact and supporting improvement of statutory and third sector services?			
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Part 3	Priority Areas/Request for National Support
15. Opioid Replacement Therapies (ORT)	It is clear from your plan that work to fully address the recommendations made in the ORT report is continuing. Working alongside Primary Care Services such as community pharmacies and the health board's medical lead, to expand their role in areas of prevention, treatment and recovery can only be beneficial and it will be interesting to hear how this develops over the lifespan of the plan.
16. New Psychoactive Substances (NPS)	Would of expected more detail on planned NPS work up to March 2018. Would of expected to see more detail on education and awareness raising, particularly in relation to the new legislation on NPS.
17. Workforce Development	It is welcomed by Scottish Government that clear evidence, building on the yearly ADP report that workforce development will continue to be a local priority for East Renfrewshire ADP. The ADP have highlighted the need to utilise national support to develop and progress this work in addition to working in a collaborative way with local partners and stakeholders. It would have been helpful to see milestones and timelines for workforce development over the delivery plan cycle and it is hoped that will be evidenced in the ADP annual report. No indication was given in relation to ministerial priorities in line with workforce development activity, although this may be evident in the annual report. Lack of information was provided in relation to the wider ROSC workforce, therefore it is hoped that will be developed in the workforce model being developed. It would be interesting to note the resource allocation to workforce development activity within East Renfrewshire. An update of the workforce strategy is vital to chart progress of workforce activity as well as the local structures set up to progress and monitoring developments. It has been noted that the ADP in the past, and wish to engage with the full range of national support that is available including the Drug and Alcohol Teams within SG.
18. Alcohol Brief Interventions (ABI)	Your plan includes ABI delivery as part of the 'Alcohol related Deaths' priority action, and it is positive to see that your ADP intends to improve and increase the reach of ABI delivery across primary care and wider settings. We would welcome further detail about the wider settings your ADP is focussing on, in particular any evaluation work you are planning, and it would be helpful if you could provide updates in your ADP Annual Reports.
19. ADP Request for National Support	We acknowledge the engagement your ADP has had to date with the ADP National Support Team and national commissioned organisations and would encourage you to continue to utilise these resources.

Part 4	Performance Framework		
	<u>Details</u>		<u>Feedback</u>
20. Does the ADP Plan evidence a performance framework?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	The performance framework includes all of the key elements required, set out in a very clear and accessible manner.
21. Do you consider it to be robust? (e.g. based on	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	The framework is logically set out, with improvement goals clearly informed by

logic models demonstrating how planned activities link to intended outcomes)			trends and benchmarking data. Actions linked to each outcome are presented at the end of each section. These could be more explicitly linked to the outcomes they are expected to impact on – possibly by using a logic model?
22. Does the performance framework include all core outcomes and Indicators?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Again, this is all very clearly set out and easy to follow.
23. Does the performance framework include any local outcomes?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	
24. Does the performance framework include any local Indicators?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	A few local indicators are included.
25. Are SMART Improvement Goals in place for all core indicators? (are they clear & ambitious?)	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	SMART improvement goals are in place for all core indicators, and for each of the 3 reporting years, where data are available annually. Targets are clear and based on analysis of trends and benchmarking data. If earlier progress is made than anticipated, the longer terms goals may need to be adjusted?
25b) Are SMART Improvement Goals in place for all local Indicators? (are they clear & ambitious?)	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Although data are not yet available for some.
26. Are SMART Improvement Goals evidenced to 2018?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	And for each year up to 2018, where data will be available.
27. Are planned activities linked to planned outcomes?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Although it would be helpful if possible to be even more explicit about how the activity is expected to influence the outcome. Logic models could help with this.
28. Does the performance framework evidence baseline data?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	It is helpful that the baseline for the benchmarking ADPs and Scotland is provided too. This is then used to inform the improvement goals.
29. Benchmarking: Has baseline data been used? If yes, is the comparison against Scotland or another ADP(s) or both?	Yes, against Scotland and the SOLACE benchmarking family of ADPs		

ANNEX B

ADP Annual Reports for 2014-15 are due by 15 September and should be sent to the alcohol and drug delivery mailbox: Alcoholanddrugdelivery@scotland.gsi.gov.uk

ADP ANNUAL REPORTS 2014-15: Scottish Government Analysis and Feedback

Part 1

XXX ADP		NHS XXX										Analyst:											
		Reviewer:					Analyst:																
RAG Status Evidence Full, Partial, None	Analyse			Plan			Deliver			Review													
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23

Feedback for ADP: Please provide a few comments on your general sense of the Annual Report and in particular the RAG status and level of evidence.

Part 2 Analyse			
1. Does the Report evidence Joint Strategic Needs Assessment being undertaken?	Details		Feedback
	Yes	No	[Box 1 – advise date when last undertaken and when next planned] [If ADP has included any local research, note page and paragraph numbers]
2. Does the Report evidence Integrated Resource Framework Process ?	Yes	No	[Box 3 e.g. scoping/review?]
3. Does the Report evidence Integrated Resource Framework Outcomes?	Yes	No	[Box 4 e.g. resource transfer, service redesign, ROSC]

Part 3 Plan			
4. Does the Report evidence a shared vision and joint strategic objectives which are aligned to local partnerships?	Details		Feedback
	Yes	No	[Box 5]
5. Does the ADP Report evidence the formal relationship with the local: <ul style="list-style-type: none"> • Child Protection Committee? • Adult Protection Committee? 	Yes	No	[Box 5/6]
6. Does the Report evidence how the ADPs planned strategic commissioning work is linked to Community Planning and local integrated health and social care plans, preparing to support improved outcomes, priorities and processes?	For links to <u>CPP</u> Yes	No	[Box 6]
	For links to <u>H & Sc</u> Yes	No	
7. Does the Report include a copy/link to the ADP Commissioning Plan	Yes	No	[note page and paragraph number]

or Strategy?			
8. Does the ADP Report detail the formal accountability route for Planning and Reporting?	Yes	No	[Box 6b]
9. Does the Report evidence the route and frequency the ADP reports to their governance arrangement?	Route:		
	Frequency:		
9b) Did the ADP receive feedback on this Report from their accountability route?	Feedback:		
10. Does the Report evidence Service Users and Carers are embedded within the partnership commissioning process?	Yes	No	[Box 7]
11. Recovery Orientated Systems of Care (ROSC)	In Place In Development In place and enhancing further		[Box 8 and please comment on priorities evidenced as appropriate]
11b). Does the Report evidence Recovery Outcomes for all Individuals within the ADPs alcohol and drug treatment system	Yes	No	[Box 8 - Please note the tool used if evidenced in report]
12. Does the ADP Report evidence that statutory requirements for Equality Impact Assessments have been addressed during compilation of ADP Strategy and Delivery Plan?	Yes	No	[Box 9 - please state when this was undertaken and is next planned]

Part 4 Deliver			
13. Does the Report evidence Workforce activities?	Details		Feedback
	Yes	No	[Box 10, please copy and paste relevant information from Report – it is likely to feature in other areas to, e.g activities linked to ROSC]
14. Does the Report evidence the ADPs provision to demonstrate the range of Prevention, treatment/recovery & support interventions (including early interventions) commissioned by the ADP and delivered in the reporting period?	Yes	No	[Box 11 – first time we have asked for this info – if doable can you record as the example in the guidance e.g. <ul style="list-style-type: none"> • A programme of prevention education across primary and secondary education • 4 statutory frontline treatment services • 2 Recovery Services for follow on support (community based and 3rd sector)
15. Does the Report evidence a summary of ADP interventions delivered to support their community?	Yes	No	[Box 12 – please provide a summary]
16. Does the Report evidence a transparent performance framework for all ADP Partner organisations who receive funding through the ADP, including statutory provision?	Yes	No	[Box 13 – [please note brief details e.g. performance outcome reporting through which group and frequency]
16b). Does the Report evidence how all partners contribute to delivering outcomes identified in the Joint Strategic Needs Assessment?	Yes	No	
Part 5 Review			
17. Does the Report evidence that the ADP Delivery Plan is reviewed on a regular basis, which includes the review of the provision of prevention activity, recovery, treatment and support services (ROSC)?	Details		Feedback For ADP
	Yes	No	[Box 14]
18. Does the Report evidence the ADPs progress towards	Yes	No	[Box 15 – please provide a brief summary & copy and paste information for further ORT analysis]

outcomes focussed contract monitoring arrangements being in place for all commissioned services?			
19. Does the Report evidence a schedule for service monitoring and review which includes statutory provision?	Yes	No	[Box 16]
20. Does the Report evidence how Service Users and their Families are playing a central role in evaluating the impact of statutory and 3 rd sector services?	Yes	No	[Box 17]
21. Does the Report evidence the robust Quality assurance system in place which governs the ADP and evidences the quality, effectiveness and efficiency of service?	Yes	No	[Box 18]
22. Does the Report evidence when how and the ADP Plans/has to undertake and assessment of local implementation of the Quality Principles?	Yes	No	[Box 18b – please copy and paste the detail around the Quality Principles for further analysis]
23. Does the Report evidence the progress being made by the ADP in taking forward the recommendations from the ORT report?	Yes	No	[Box 19 & Part 5 – please copy and paste info for further analysis]
24. Does the ADP Report evidence how the ADP and Partners are delivering a Whole Population Approach for alcohol?	[Box 20 & Part 5 – please copy and paste info for further analysis]		
25. How many service users are in receipt of prescriptions for problem alcohol use?	[Box 21 – this may not be doable for all ADPs, please copy and paste info for further analysis]		
26. How many service users are receiving counselling/support through ADP commissioned services?	[Box 22 – intended to be just for those receiving support for alcohol or both alcohol and drugs – please copy and paste for further analysis]		
27. How many service	[Box 23]		

users received treatment for Alcohol related Brain Damage (ARBD) in the reporting period?	
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Part 6 Financial Framework			
28. Does the Report evidence Financial information as requested on the Standard Reporting Template for 2014-15?	Details		Feedback
	Yes	No	[Part 3 of Standard Reporting Template – please note page and paragraph numbers for further analysis]
29. Finance: Does the Plan set out how the ADP identified the resources utilised in prevention, treatment, recovery or dealing with the consequences of problem alcohol and drug use in their locality?	Yes	No	[Part 3 of Standard Reporting Template]

Part 7 Ministerial and ADP Priorities/National Support /ADP Feedback on Standard Reporting Template			
30. Does the Report evidence the progress made in taking forward the 5 ADP commitments made for 2014-15?	Details		Feedback
	Yes	No	[Part 5 of Standard Reporting Template]
31. Does the Report evidence the ADPs 5 key commitments for 2015-16?	Yes	No	[Part 3 of Standard Reporting Template]
32. Does the Report evidence progress made with the Ministerial Priorities?	Yes	No	
33. Does the Report evidence SMART Improvement Goals for Ministerial Priorities?	Yes	No	
34. Is there evidence of the ADP working with commissioned organisations? If so	Yes	No	

which ones?			
35. Please copy and paste any requests for support from SG ADP National Advisors.			
36. Please copy and paste specifics on NPS			
37. Please copy and paste any feedback from the ADP around the Standard Reporting Template			

Part 8	Performance Framework		
	<u>Details</u>		<u>Feedback</u>
38. Does the Report evidence a performance framework?	Yes	No	[Part 4 and Box 2]
39. Do you consider it to be robust? (e.g. based on logic models demonstrating how activities link to outcomes)	Yes	No	[Part 4]
40. Does the performance framework include all core outcomes and Indicators?	Yes	No	[Part 4]
41. Does the performance framework include any local outcomes?	Yes	No	[Part 4]
42. Does the performance framework include any local Indicators?	Yes	No	[Part 4]
43. Are SMART Improvement Goals in place for all core indicators?	Yes	No	[Part 4]
Are they clear & ambitious?	Yes	No	
43b) Are SMART Improvement Goals in place for all local Indicators?	Yes	No	
Are they clear & ambitious?	Yes	No	

44. Have SMART Improvement Goals been achieved as expected?	Yes	No	[Part 4] <i>(this is likely to vary across the report, so your general sense in a sentence or 2 would be fine)</i>
45. Are planned activities linked to planned outcomes?	Yes	No	[Part 4]
46. Does the performance framework make use of baseline data?	Yes	No	[Part 4]
47. Benchmarking: Has this been undertaken? If yes, is the comparison against Scotland or another ADP(s) or both?	[Part 4]		

48. Performance Framework – Generic Comments where appropriate.

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ADP ANNUAL REPORTS 2014-15: Scottish Government Analysis and Feedback

Part 1

NHS Greater Glasgow & Clyde																							
East Renfrewshire ADP																							
	Analyse				Plan					Deliver				Review									
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23
RAG Status	G	G	A	A	G	G	G	G	G	A	G	G	G	G	G	G	G	G	G	G	G	G	G
Evidence Full, Partial, None	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F

Feedback: General Sense

Another commendable strong annual report which strongly evidences the good work undertaken by the ADP and partners. Your report was well-structured report, and provided an accurate self-assessment with strong evidence to support your own self assessment scoring.

Strong planning and partnership working is clearly evidenced throughout, with the on-going high priority of service users and family involvement. Future Annual Reports will be strengthened further when you are able to include information on service users outcomes through the Recovery Web Tool and Daisy.

Your Annual Report evidence strong governance and accountability structures at strategic level and the work underway recommendations on Improving service Quality/embedding the Quality Principles are a priority area for on-going development.

With your permission, we would be grateful if we could share your Annual Report as an example of good practice.

Part 2 - Analyse		
	Details	Feedback
1. Does the Report evidence Joint Strategic Needs Assessment being undertaken?	Yes	Your ADP clearly demonstrated a strength in its continuous needs assessment in addition to strategic assessments. [last undertaken 2011 next planned will be completed by December 2015 in line with HSCP Strategic Framework] Local research, Pages 4&5.
2. Does the Report evidence Integrated Resource Framework Process ?	Yes	Evident that a significant amount of local Work taken and planning is underway and your ADP is clear on its role within this and undertaking the necessary activities to support development of the framework through HSCP. We acknowledge the efforts already undertaken and those currently in progress to be able to better inform and influence spend of the ADP budgets (and envelope) and beyond. It would be useful to share any learning from this work with other ADPs.
3. Does the Report evidence Integrated Resource Framework Outcomes?	Yes	We can see evidence of the good work undertaken and planned work to come, recognising the resource transfer within core budget to support service re-design and the implementation of your ROSC along with priorities identified for investment and disinvestment options. Again, any learning from this would be valuable for other ADPs.

Part 3 - Plan		
	Details	Feedback
4. Does the Report evidence a shared vision and joint strategic objectives which are aligned to local partnerships?	Yes	Clearly demonstrated throughout your annual report.
5. Does the ADP Report evidence the formal relationship with the local: <ul style="list-style-type: none"> • Child Protection Committee? • Adult Protection Committee? 	Yes Yes	Strong joint working and cross cutting connections are clearly identified and demonstrate the work being undertaken locally.
6. Does the Report evidence how the ADPs planned strategic commissioning work is linked to Community Planning and local integrated health and	For links to <u>CPP</u> Yes For	It's clear that appropriate commissioning links are in place via the SOAs, with direct cross representation at a senior level, with joint work evidenced. We note the approach to collaborative commissioning being developed across the 6 Greater Glasgow & Clyde ADPs. It is acknowledged and welcomed that the 6 ADPs often work collaboratively.

social care plans, preparing to support improved outcomes, priorities and processes?	links to <u>H & Sc</u> Yes		IJB established August 2015.
7. Does the Report include a copy/link to the ADP Commissioning Plan or Strategy?		No	
8. Does the ADP Report detail the formal accountability route for Planning and Reporting?	Yes		
9. Does the Report evidence the route and frequency the ADP reports to their governance arrangement?	Route:		Directly to CPP and HSCP Joint Integration Board.
	Frequency:		6 monthly
9b) Did the ADP receive feedback on this Report from their accountability route?	Feedback:		6 monthly
10. Does the Report evidence Service Users and Carers are embedded within the partnership commissioning process?	Yes		Commendable work and clear evidence of significant service user involvement building on previous work demonstrated through your ADPs annual reports. We think other ADPs may value any learning you have from this work.
11. Recovery Orientated Systems of Care (ROSC)	In place and enhancing further		Commendable work implementing your ROSC and further enhancements. Your ROSC priorities for 2015-16 are noted and are the logical next steps which are in-keeping with local and Ministerial priorities.
11b). Does the Report evidence Recovery Outcomes for all Individuals within the ADPs alcohol and drug treatment system		No	Your ADP kindly volunteered to Pilot test the ROW and you intend to make use of this following completion of the pilot.
12. Does the ADP Report evidence that statutory requirements for Equality Impact Assessments have been addressed during compilation of ADP Strategy and Delivery Plan?	Yes		Undertaken in 2013, with a planned update in November 2015 evidenced. Your Report also evidence's equality impact assessment on access to services was completed in 2014 with an update scheduled for 2016.

Part 4 - Deliver		
	Details	Feedback
13. Does the Report evidence Workforce activities?	Yes	It is encouraging to see in the annual report that workforce development will continue to be a local priority for East Renfrewshire ADP and it is evident that some progress has made in regard to this. The fact that there are a number of core actions identified as ADP key milestones is a positive sign that workforce development is integral to East Renfrewshire ADP and indicates direct progress on the Delivery Plan. Having workforce development identified as a core action in the ADP Commissioning for Recovery Quality Improvement Plan 2015-2018 should also provide a more systematic and Recovery focused approach to service delivery. It was highlighted in the Delivery Plan the need to utilise national support to develop and progress this work in addition to working in a collaborative way with local partners and stakeholders. From the annual report this year there is an indication that this has also being progressed and a strategic workforce development model will be developed by ADP and SDF which will take into account Health and Social Care Integration and other key drivers. It is highlighted in the annual report that agreed timelines and stages would be agreed by December 2015 therefore it would be interesting to see progress in the next report. Information has now been provided in the annual report in relation to the wider ROSC workforce, and it is hoped this will be integrated into the strategic model. There is still no indication given to ministerial priorities in line with workforce development activity, although this may become clearer in the workforce development strategic model. It would be interesting to note the resource allocation to workforce development activity within East Renfrewshire and in terms of accountability and governance where will workforce developments sit within the ADP structure.
14. Does the Report evidence the ADPs provision to demonstrate the range of Prevention, treatment/recovery & support interventions (including early interventions) commissioned by the ADP and delivered in the reporting period?	Yes	Strong evidence provided. Thank you for outlining the range of your ADPs provision, your report has provided a good sense of your activities in this area, this particularly helpful for our ADP National Support Team.
15. Does the Report evidence a summary of ADP interventions delivered to support their community?	Yes	Your Report details a good range of interventions delivered to support your local community, this particularly helpful for our ADP National Support Team.
16. Does the Report evidence a transparent performance framework for all ADP Partner organisations who	Yes	We can see you have robust systems in place with Services report through mid-year and annual reporting to your ADP and the local Implementation and Planning Group, improvement identified and included in Plans with appropriate budget monitoring systems in place.

receive funding through the ADP, including statutory provision?			
16b). Does the Report evidence how all partners contribute to delivering outcomes identified in the Joint Strategic Needs Assessment?	Yes		Details provided in ADP Plan and evidenced throughout the Annual Report.
Part 5			
17. Does the Report evidence that the ADP Delivery Plan is reviewed on a regular basis, which includes the review of the provision of prevention activity, recovery, treatment and support services (ROSC)?	Details		Feedback
	Yes		
18. Does the Report evidence the ADPs progress towards outcomes focussed contract monitoring arrangements being in place for all commissioned services?	Yes		
19. Does the Report evidence a schedule for service monitoring and review which includes statutory provision?	Yes		We can see 6 monthly reporting with all services providing an annual progress report to the ADP.
20. Does the Report evidence how Service Users and their Families are playing a central role in evaluating the impact of statutory and 3 rd sector services?	Yes		Commendable work and clear evidence of significant service user involvement throughout. Your work and learning in this area may be of benefit to other ADPs.
21. Does the Report evidence the robust Quality assurance system in place which governs the ADP and evidences the quality, effectiveness and efficiency of service?	Yes		We can see you ADP has undertaken logical activities in this and identified areas for improvement to be in-corporated in to your improvement plan.
22. Does the Report evidence when how and the ADP Plans/has to undertake and	Yes		<ul style="list-style-type: none"> We will ensure continued focus on quality improvement within services to support ROSC through the implementation and monitoring the <i>Quality Principles: Standard Expectations of Care and Support in Drug and</i>

assessment of local implementation of the Quality Principles?			<p><i>Alcohol Group.</i></p> <p><i>Services.</i></p> <ul style="list-style-type: none"> • Agree the process for auditing the implementation of the quality principles and standards across all addiction services by October 2015 • Complete a review of service delivery against the quality principles to support ROSC in conjunction with staff and service users by June 2015 • Review service specifications in line with the Quality Principles March 2015
23. Does the Report evidence the progress being made by the ADP in taking forward the recommendations from the ORT report?	Yes		Your ADP is commended on successfully meeting and completing your key aim. We would encourage you to revisit your Key aim and amend it so you have a new aim for the coming year. The information you have gathered and shared around ORT provision is also very useful and will be beneficial to both the ADP and Scottish Government going forward.
24. Does the ADP Report evidence how the ADP and Partners are delivering a Whole Population Approach for alcohol?	<p>As part of the national ADP support programme, ADPs are being supported by the Scottish Government and Alcohol Focus Scotland to implement whole population approaches to implement alcohol harm. It is encouraging to see the increase in both the range of activity and level of detail provided by ADPs on whole population approaches within this year's reports. Tackling availability and licensing remains a strong focus of this work, with many ADPs continuing to work with their local licensing board, licensing forum and other local partners. ADPs are also continuing their comprehensive ABI programmes, and running education campaigns. Other activity beginning to increase in prominence is workplace initiatives addressing alcohol use; workforce development on WPA; planned engagement work with community planning and elected members; and activity targeted at addressing older people's drinking. In order to continue this good work, we would encourage you to make use of the range of resources available on the Alcohol Focus Scotland website, such as their briefing on local implementation of whole population approaches. (http://www.alcohol-focus-scotland.org.uk/media/1116/whole-population-approach-briefing.pdf)</p> <p>We would like to commend your ADP for the continued good work it has undertaken on whole population approaches over the past year, and in particular the range of different ways you have taken forward whole population activity. We would encourage you to continue this good work and keep us abreast of the progress being made and any support you may require.</p>		
25. How many service users are in receipt of prescriptions for problem alcohol use?	Thank you for the detailed information you provided.		
26. How many service users are receiving counselling/support through ADP commissioned services?	We appreciate the information requested was difficult to obtain in a number of ADPs. We will consider these questions along with the feedback from the ADP event in November as part of the review of ADP Planning and Reporting.		
27. How many service users received treatment for Alcohol related Brain			

Damage (ARBD) in the reporting period?	
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Part 6 - Financial Framework			
28. Does the Report evidence Financial information as requested on the Standard Reporting Template for 2014-15?	Details		Feedback
	Yes		
29. Finance: Does the Plan set out how the ADP identified the resources utilised in prevention, treatment, recovery or dealing with the consequences of problem alcohol and drug use in their locality?	Details		Feedback
	Yes		

Part 7 - Ministerial and ADP Priorities/National Support /ADP Feedback on Standard Reporting Template			
30. Does the Report evidence the progress made in taking forward the 5 ADP commitments made for 2014-15?	Details		Feedback
	Yes		Good progress made with all ADP Commitments.
31. Does the Report evidence the ADPs 5 key commitments for 2015-16?	Details		Feedback
	Yes		
32. Does the Report evidence progress made with the Ministerial Priorities?	Details		Feedback
	Yes		We can see the good work in delivering Ministerial priorities has continued and developed further as appropriate.
33. Does the Report evidence SMART Improvement Goals for Ministerial Priorities?	Details		Feedback
	Yes		Where appropriate, Yes.
34. Is there evidence of the ADP working with commissioned organisations? If so	Details		Feedback
	Yes		Strong evidence of connections to commissioned organisations throughout the report: AFS, STRADA, SDF, Lloyds PDI, NHS Health Scotland, SRC, SFAD.

which ones?			
35. Please copy and paste any requests for support from SG ADP National Advisors.	No specific requests noted but ADP advised they would welcome the continued specialist support and ADP delivery events targeting key areas of quality improvement.		
36. NPS	It is anticipated that the implementation of the Psychoactive Substances Bill will be April 2016. However, legislation alone will not solve the problem of NPS and ADPs should prepare for these new challenges. In particular, we would expect to see evidence of this in the 2015-16 report.		
37. Please copy and paste any feedback from the ADP around the Standard Reporting Template	Thank you for your comments on the standard reporting template, we will consider these along with feedback from the ADP event in November as part of the review of ADP Planning and Reporting.		

Part 8	Performance Framework		
	<u>Details</u>		<u>Feedback</u>
38. Does the Report evidence a performance framework?	Yes		
39. Do you consider it to be robust? (e.g. based on logic models demonstrating how activities link to outcomes)	Yes		The performance framework is clearly set out, with commentary on performance based on trends and benchmarking, and actions against each outcome.
40. Does the performance framework include all core outcomes and Indicators?	Yes		All core outcomes included, but some of the core indicators are missing. Note not all core indicators have local data available or published on Scot Pho. In this instance where local data was not available they were not reported in the annual report. In future all core indicators will be reported however with a note to say that no local data is available.
41. Does the performance framework include any local outcomes?	Yes		The SOA outcomes are listed under each core outcome.
42. Does the performance framework include any local Indicators?	Yes		A few local indicators are included.
43. Are SMART Improvement Goals in place for all core indicators?	Yes		Targets are clear and set to 2014/15. Many have already been exceeded, which may suggest that they could have been more ambitious?
Are they clear &	Yes		Minor note: this was the final year of the previous three year delivery plan. We have spent some

ambitious? 43b) Are SMART Improvement Goals in place for all local Indicators? Are they clear & ambitious?			considerable time working on the new targets with the help of the Scot pho profiles, benchmarking across our SOLACE family and utilising all available time trend data.
	Yes		As above.
	Yes		
44. Have SMART Improvement Goals been achieved as expected?	Yes		The majority of the SMART goals have been met or exceeded, leading to 'green' ratings in the RAG.
45. Are planned activities linked to planned outcomes?	Yes		Activities are helpfully set out after each outcome. Logic models could be used to make the links even more explicit.
46. Does the performance framework make use of baseline data?	Yes		Good use is made of baseline data and % change provided between baseline and current levels.
47. Benchmarking: Has this been undertaken? If yes, is the comparison against Scotland or another ADP(s) or both?	Yes, against Scotland and the SOLACE family of ADPs.		

48. Performance Framework – Generic Comments for Feedback to ADP.

A good, clearly set out Performance Framework which clearly links activities to outcomes and SMART improvement goals. It could be further enhanced by the use of logic models to demonstrate how activities are expected to impact on outcomes.