ADP VALIDATED SELF-EVALUATION OF THE QUALITY PRINCIPLES: POSITION STATEMENT

Introduction

The Care Inspectorate on behalf of the Scottish Government are carrying out a programme of work to support the validation of Alcohol and Drug Partnerships and services' self-assessment of performance and progress in implementing and embedding the Quality Principles. The programme will provide an evidence-informed assessment of local implementation, measurement and quality assurance of Alcohol and Drug Partnerships and services adherence to the Quality Principles at a strategic and service level to support and drive a culture of self-evaluation.

This Position Statement has been designed around the ***Guide to evaluating drug and alcohol services using quality indicators*** for use by Alcohol and Drug Partnerships. It provides a structure within which we can ensure a consistent and professional approach to evidencing implementation of the Quality Principles whilst providing a framework of quality indicators to support self-evaluation which leads to improvement across drug and alcohol services.

The purpose of this ADP Position Statement is aimed at encouraging Drug and Alcohol Partnerships and services to provide a considered view of performance against each of the Quality Principles using the quality indicator framework, highlighting good practice and areas that would benefit from improvement. All questions should be read individually and answered using this template. Once the Position Statement is completed the information submitted will be considered by the review team.

An evaluative statement around your level of success should be entered in each of the 'Position Statement' boxes; *Demonstrate how you know.* This is a free text area. In considering this question, services should be gathering evidence and developing auditing processes which illustrate how well the lives of individuals are improving. ***The Quality Principles: Standard Expectations of care and Support in Drug & Alcohol Services, August 2014*** identify a number of sources of evidence services and Alcohol and Drug Partnerships can use to demonstrate the quality of service provision and adherence to the Quality Principles.

If you have identified areas of good practice enter this in the '*Good practice'* box.

If you have identified an area for improvement or have a suggestion for an improvement, enter this in the '*Actions required to improve aspects of practice/performance'* box.

It is important to record the evidence that supports each statement in each of the text boxes. This maybe by bullet point and may include a reference to policies, standard operating practices, management information or other sources of evidence not suggested. Provided the evidence source is recorded there is no need to produce the actual evidence at this stage of the process.

Please complete the Position Statement and return to Amy Goldie at amy.goldie@careinspectorate.com. by **Friday 19 February 2016.**

What Key Outcomes Have we Achieved?

1. Key Performance Outcomes	
QI 1.1 Improvements in the quality of service provision **QI 1.2 Adherence to the Quality principles** **QI 1.3 Improvements in outcomes for individuals, carers and families**	
Principle 1. ***You should be able to quickly access the right kind of drug and alcohol service that keeps you safe and supports you throughout your recovery.***	
Principle	***Demonstrate how you know***
1.1 How do you demonstrate that the majority of individuals wait no longer than three weeks from referral received to appropriate drug or alcohol treatment that supports recovery?	Data reports generated from the DATWTD on a north Highland wide and individual performance of statutory and Third sector services are scrutinised on a monthly basis by the Head of Substance Misuse Services on behalf of HADP. Quarterly updates in the form of progress reports, verbal inputs and presentations are in turn provided to the HADP strategy group. Although not consistently hitting 90% for first treatment, the progress still demonstrates above 80% HMP Inverness has consistently achieved the standard. A Although there have been long periods where it has been achieved by community based services; analysis of trends demonstrates that sustaining the standard is increasingly challenging in Highland. In sight gathering has informed action planning to address identified hurdles including; increased staff capacity and attracting professionals to posts in remote and rural localities. The standard is also reported in the NHS Highland Local Delivery Plan with service planning partners assisting with the production of reports presented to the Improvement Committee facilitating scrutiny at executive level during times when the standard has not been sustained. Challenges and progress are also reported to Scottish Government on a regular

	basis via monthly phone calls. Benchmarking against another ADP in the 2014/15 annual report, albeit recognising limitations in making geographical comparisons; indicates the HADP results compare marginally better and may highlight a number of shared challenges with other remote and rural areas. Comparison with national trends demonstrates that Highland is below the national average and requires to learn from other ADP areas.
1.2 How do you demonstrate that individuals do not wait longer than six weeks to receive appropriate treatment and support?	As above – HADP recognises that this element of the standard has not been consistently achieved and that it is not best practice for a small percentage of service users to wait longer than six weeks to receive appropriate treatment and support. There remain individuals who have been waiting beyond 6weeks for access to first treatment services, these are scrutinised monthly and on an individual basis. It sits on the risk register for NHS Highland (NHSH) to communicate understanding at the highest level of the challenges being experienced, and to ensure scrutiny alongside reassurance that plans are in place to improve the situation. This includes regular reporting to Scottish Government via monthly phone calls to report on challenges and progress. In some areas we have been able to set up drop in groups and sign post individuals to make use of the opportunity to get initial harm reduction advice. There are acute pressures in Inverness and as a result, those waiting are being signposted to the harm reduction service as well as being offered set appointment within that service for interim support. There has been uptake on this offer.
1.3 How do you demonstrate improved outcomes for individuals and their families as a result of them accessing and receiving treatment and support services?	Currently there is no electronic performance management system in place in Highland resulting in HADP being unable to provide data that demonstrates improved outcomes for individuals and their families. Informed by the wishes of service users, families are involved in care plans wherever appropriate and possible. There is an aim to have an electronic system and HADP area will consider how this can develop with the roll out of DAISy. It should also be acknowledged that NHS Boards nationally are implementing PMS however,

	this does not link with DAISy. HADP via NHSH has been represented on the national steering group for DAISy and volunteered for the initial pilot of the ROW Tool, but was disappointed not to be included. Preparation is underway with Scottish Government to roll out the ROW Tool at an earlier stage in Highland than is planned nationally, with an initial go live date set for 1st May. It is planned that early implementation will enable demonstration of the impact that interventions have on improving health, wellbeing and supporting recovery from late 2016 onwards. Statutory services piloted the CHRISTO inventory however it was not well received and didn't produce reports that gave confidence in the measurements. Osprey House, the Highland wide specialist substance misuse service has piloted service user questionnaires informed by the Quality Principles which show high levels on satisfaction with the service, this has been used across all statutory services, response rates are low but highlight that individuals are satisfied with the service received. This questionnaire is not routinely used but is used for spot checks. Osprey House have used at point of referral and first appointment and have recently tested with those already in caseload. Service user case studies can be used as a focus for learning in peer support and supervision sessions to facilitate reflective practice and to gauge improvements in service user and family outcomes.

Identified Good Practice

- Recovery as a key outcome of the HADP strategy
- Regular performance reporting to HADP, NHSH Improvement Committee, CPP and the annual stakeholder event
- Prioritising of a whole family approach at the HADP stakeholder event (2015)
- *Highland (GOPR)* guidance for front-line practitioners focused on family-inclusive practice
- Preparation work to embed ROW Tool
- Open referral system
- Assessment clinics
- Drop-in service in some areas also accessed by families
- Information, advice, signposting offered to family members wherever possible
- Service users and families supported to access essential services
- HMP Inverness consistent achievement of waiting times standard and proactive engagement with families (in-reach and outreach)
- Service Improvement group established for all statutory services across HADP
- Dedicated work to reduce autonomous records has produced positive results
- Service provider links with SMART Recovery, AA and Families Anonymous (FA)

Please summarise any actions required to improve aspects of practice/performance

- Review of skill mix to address capacity challenges e.g. lack of RMN trained nurses, this is not specific to Highland, there is a lack across mental health services
- Sustain monthly monitoring reports
- Identification of long waits and detailed exploration of reason with service concerned is embedded
- Teams are trained to run and use reports for internal monitoring, additional support in place for new staff
- Ongoing Service planning provision of internal monitoring reports for HADP, LDP and Health Improvement updates on a quarterly basis
- Continue monthly calls with Scottish Government to advise on progress and challenges and hear how other areas are managing similar challenges. The 2 ADP's in NHS Highland area have formal links to share best practice.
- Planned absences accounted for and managed in advance
- Consistent roll out of service user survey across services
- Development of training package to support Bank Nurses attain necessary skill base
- TNA to be conducted to inform development of a workforce development strategy
- Clinical supervision and development of mentoring model to increase staff confidence
- Monitoring of revised SLA's with Third sector partners
- Development of non-medical prescribing model and training of staff supported by an emerging governance framework

- Increase harm reduction support for those awaiting treatment

Please indicate on the scale below the level of service performance

Unsatisfactory	*Weak*	*Adequate*	*Good*	*Very Good*	*Excellent*
		X			

Weak in relation to achieving standard majority hitting for but not good enough, services have high expectations for their client group. Services are good for those on caseload and there is disappointment that there are extended waits

How well do we meet the needs of our stakeholders through person centred approaches?

2. Getting help at the right time

QI 2.1. Experience of individuals of improved health, wellbeing, care and support

QI 2.2 Prevention, early identification and intervention at the right time

QI 2.3 Access to information about support and treatment options

Quality Principle 2. ***You should be offered high quality, evidence-informed treatment, care and support interventions which keep you safe and empower you in your recovery.***

Principle	*Demonstrate how you know*
2.1 How do you demonstrate that all individuals are treated fairly and equally, with respect and	Adherence to the NHS Highland policy on *Privacy, Dignity and Respect* that aims to ensure that service users feel valued and are not stigmatised or are subjected to discriminatory attitudes or negative behaviour. Service workers are encouraged to attend appropriate

dignity, as a person able to make their own choices?	equality and diversity awareness sessions and to be accountable for their behaviours which include individual responsibility for the implementation of the policy. Osprey House, the Highland wide specialist substance misuse service has piloted service user questionnaires informed by the Quality Principles which show high levels on satisfaction with the service, albeit the survey requires to be consistently rolled out across all services, and completed by the majority of service users. Care plans are aligned with NMC record keeping standards and the case records of NHSH substance misuse services are subject to regular audit to ensure compliance. Record keeping audits can also ascertain that individuals are treated fairly, equally, with respect and dignity and are able to make their own choices. Third sector organisations ensure feedback processes are in place Peer and team support and clinical supervision are additional mechanisms for ensuring delivery of good practice.
2.2 How do you demonstrate individuals are able to access safe, secure and comfortable surroundings when engaging with services?	Adherence to the NHSH policy on *Privacy, Dignity and Respect* to ensure, as far as possible that within care settings, private and accessible rooms are available for service users, their relatives and/or carers to discuss their concerns with each other or workers. When the care setting is in the service users' own home the selection of a suitable room will be negotiated between the worker and service user, taking into consideration privacy, dignity and respect. It is acknowledged there are pressures on clinical space in some services. Nevertheless, in the busiest service the appointment system is managed in so far is possible to keep prevent large groups of people in at any one time and if known, individuals are kept separate if there are known issues. Also, risk assessments are conducted with management plans put in place where required, and workers trained in managing violent and aggressive behaviour. Materials are displayed that make visible the expectations and standards of behaviour for workers and service users. Appointments can be flexible and arranged to meet the needs of service users e.g. meeting a disabled person at a local pharmacy to reduce travel time and improve accessibility.
2.3 How do you demonstrate that the choice of interventions is based on the best available	Audit of interventions undertaken as part of small scale TNA and informed by essential services, DANOS, KSF to collate information on the range of evidence-based interventions

evidence and agreed guidance?	that workers are delivering. The audit provides baseline data that will be used to benchmark progress. The audit found evidence that services offer a range of interventions with examples including; motivational interviewing/ health behaviour change, solution focused therapy, relapse prevention, mindfulness, CBT (depression, anxiety, stress management and guided self-help), sleep management, harm reduction, naloxone, overdose awareness, behavioural activation therapy, family therapy, cognitive analytic therapy, contingency management, mapping techniques (link node mapping), trauma work, BBV testing and advice and ORT. This list is not exhaustive and individualised recovery orientated care plans are developed following comprehensive assessment. Up to date guidance and evidence-based resources are routinely circulated to services and will also be available to NHSH services via a shared drive in the near future.
2.4 How are individuals provided with information on the range of recovery models and therapies which supports their different areas of their life and enables them to move forward at their own pace?	Information is generally provided at points of access and includes for example; behaviour change models, motivational interviewing, cognitive behavioural therapy and anxiety management. The range of mutual aid options is also discussed along with their underpinning approaches and goals. Service users are supported to make informed choices about the recovery models and therapies which may be suitable for them. In addition, service users are supported to consider referral to essential services such as job centre plus, housing, GP and also college, food banks and employability agencies e.g. Apex.
2.5 How are individuals provided with appropriate harm reduction advice which might include safer use, managed use and abstinence?	Harm reduction is embedded in the assessment process across services. There is a Highland wide Harm Reduction Service (HRS) that provides an accessible service located in Inverness city centre that is comfortable and welcoming. In addition, the HRS provides outreach in settings such as homeless hostels and offers advice and guidance to workers whilst also working in partnership in clinical settings and alongside some pharmacies. Training and ongoing support is provided to pharmacies to strengthen their skills for delivering Harm reduction advice. Feedback is provided via the Opiate Replacement Therapy (ORT) group on any community based issues that services or pharmacists may identify for action. The HRS also be working in partnership with HADP to deliver a programme of new psychoactive substance (NPS) training focused on harm reduction advice including safer use, managed use and abstinence.
2.6 How is agreement with individuals obtained on how information may be shared with other services including ensuring they understand when this may be done without an individual's agreement?	Service users are supported to understand that sharing information is essential for building a team to support them and that relevant information will only be shared with their agreement. If they have children the role of the named person and their inclusion in information sharing is also discussed alongside any decisions they may have made about the people they may

	or may not wish information to be shared with, including their family. The use of their personal information for national statistical purposes is also discussed. In addition, service users are also helped to understand that it is only in exceptional circumstances e.g. when a child is at risk of significant harm; that information may be shared without their consent. Service user consent is usually sought and given at the first appointment where people sign a mandate to verify and record their agreement. It is conveyed that the situation will be reviewed regularly or if circumstances change, and that they can change their minds at any stage.

Identified Good Practice
• Harm reduction is core to the assessment process and embedded in routine practice • HRS based in some services and vice versa • Identification and lobbying for progressive approaches to harm reduction e.g. provision of pipes • First area in UK to roll out intranasal naloxone administration • Mutual aid options are well embedded • Audit of psychosocial interventions conducted • Police involved in harm reduction and officers in Inverness have trained on overdose awareness and Naloxone • Engagement in harm reduction across partnership • NPS and naloxone training very well attended and evaluated • SMART recovery group autonomous but hosted from statutory service • Third sector delivery of group work in statutory service as part of SLA • Increased access to ORT options, local service agreement with pharmacies to supervise Suboxone now in place; this is line with local prescribing policy and is aligned to the Clinical Guidelines 2007 document (Orange Book)
Please summarise any actions required to improve aspects of practice/performance
• Further develop SMART recovery and family support mutual aid groups • Increase the number of people in recovery to peer facilitate SMART groups • Consistent monitoring of drug trends and intelligence sharing • More flexible and adaptable service provision e.g. drop-in services • Consistently keep up to date with progress on new treatments options and interventions

- Publish intranasal naloxone evaluation
- Establish a resource of evidence-based tools, publications and guidance for practitioners
- Regularly update the interventions audit

Please indicate on the scale below the level of service performance for this Quality Principle.

Unsatisfactory	*Weak*	*Adequate*	*Good*	*Very Good*	*Excellent*
			X		

3. Impact on staff

QI 3.1 Staff motivation, development and support

Quality Principle 3. ***You should be supported by workers that have the right attitudes, values training and supervision throughout your recovery journey.***

Principles	Demonstrate how you know
3.1 How do you make individuals feel welcome, work in a person centred way and believe that all individuals have the ability to change and recover?	Workers are respectful, empathic and committed to providing good quality person-centred services that convey hope and experience of supporting people to change their behaviour and recover from problem drug and alcohol use. Workers will greet service users by their name (my name is..)and be considerate of their needs and communicate in a polite manner using courteous and positive language. Consideration is being given to changing terminology from care plan to recovery plan to further convey hopefulness. Workers actively challenge stigma and discriminatory attitudes and practices and are encouraged to discuss issues across peer support networks or raise them with their supervisor and the service improvement group, if required. Although a specific TNA has not been conducted for a number of years, service worker

	consultation exercises on emerging issues such as NPS use, have found that the majority of workers are confident in the range of knowledge and skills required to support service users. A recovery orientated training calendar has been produced by HADP and opportunities have been taken up by a range of workers on; *Recovery Quality Standards and Outcomes, Becoming a Recovery Cafe Host, Recovery Matters, Becoming a SMART Recovery Facilitator*, and *Working with Drug and Alcohol Users*. The Scottish Recovery Consortium (SRC) will also attend the service improvement group to provide guidance on implementation of the Quality Principles. To influence a wider audience SRC will be keynote speaker at the HADP annual stakeholder event in May.
3.2 How do you provide timely evidence informed treatment and support that meets an individual's needs?	As already outlined, sustaining the waiting times standard is challenging and although referrals can be made to other services to address support needs to be met, there is no guarantee that the service can be delivered in a timely manner. Aligning services to meet a range of needs is difficult. Strategic partnership working is a route being utilised for highlighting the ongoing challenges and for progressing solutions.
3.3 How do you demonstrate that services provide trauma informed support and recognise any current or previous trauma the individuals are dealing with?	As previously mentioned, substance misuse services provide a range of interventions aimed at improving the mental health of service users. In addition, the interventions audit provided baseline information that some services are providing support that is trauma informed, whilst others after identifying indicators, and then refer on to counselling and psychological services for more specialist supports. Links are being established with the Psychology service. There is strong collaboration between substance misuse and mental health services with consultant psychiatrists in addictions and mental health having a key role in supporting service users with more complex issues. The Third sector addiction counselling service based in the community provides a trauma informed service to people with drug and alcohol problems. The service also applies their experience in a range of forums to raise awareness among other service providers. There is ongoing collaboration with the violence against women partnership (VAWP) to deliver training that deals with cross cutting issues including; violence against women,

	trauma and drug and alcohol problems. Similarly, the *GOPR* training for substance misuse and children's services practitioners links to trauma issues.
3.4 How are individuals provided with harm reduction advice which may include safer use, managed use and abstinence?	(See 2.5) Harm reduction is embedded in the assessment process across the Substance Misuse Service. There is a Highland wide Harm Reduction Service (HRS) that provides an accessible service located in Inverness city centre that is very comfortable and welcoming. In addition, the HRS provides outreach in settings such as homeless hostels and offers advice and guidance to workers whilst also working in partnership in clinical settings and alongside some pharmacies. Training and ongoing support is provided to pharmacies to strengthen their skills for delivering Harm reduction advice and they also ensure feedback via the Opiate Replacement Therapy (ORT) group on any community based issues they may identify for action. HADP also delivers a programme of new psychoactive substance (NPS) training which includes harm reduction advice.
3.5 How do you support individuals to set their own recovery goals and manage their own care and support?	Service users are supported to set their own goals and manage their own care through workers applying appropriate health behaviour change approaches and care planning processes. Supervision and record keeping audits can provide evidence that workers are undertaking these practices. Monitoring of SLA's would assist in verifying that Third sector partners were adhering to similar standards.
3.6 How do you talk to individuals about their plans and the arrangements for moving through the service and/or reducing, ending their contact with services?	Discussing a service user's pathway through service toward recovery is considered core practice and is undertaken in one to one support sessions. In partnership with the service user, progress towards achieving goals is appraised through the review process with plans reconfigured if required. Emphasis is placed on experiential learning and strengthening skills and knowledge to progress towards attainable goals, often as steps to recovery. Service user progression or routes for moving through services is reflected on during clinical supervision and through peer support and can be evidenced in case notes.
3.7 How are individuals encouraged to connect with the recovery community and mutual aid groups?	Workers actively encourage and support service users to link with recovery communities and mutual aid groups. A full list of meetings, times, venues and contacts is accessible on the HADP website with posters and information having been disseminated to GP practices. Annual AA open day events are supported by HADP in partnership with people in recovery for the purpose of raising workers awareness of the benefits of mutual aid and

	locations of meetings. A very successful and well attended peer facilitated meeting that although autonomous, is hosted by Osprey House and is therefore well placed to motivate and attract people to attend. SMART recovery groups in HMP Inverness link effectively with the community based group in Osprey House with a prison based champion acting as co-facilitator to support throughcare and ongoing attendance by individuals on liberation. Several SMART recovery groups are operational in community settings with a new one planned for April. The groups are facilitated by champions from the Third sector and one statutory service. Champion and peer facilitator training is planned for March and will increase capacity and the number of groups. Partnership working is underway with the SRC to deliver the first Highland recovery cafe event in Caithness which will provide a template for rolling out further events across Highland. Highland participated in the national recovery walk for the first time in 2015 and made a film of people in recovery participating which has been used as a motivational resource and to challenge stereotypes and stigma. Once consolidated, people in recovery that are active in mutual aid groups will form a strong foundation from which to build mechanisms for more formal service user involvement in the development and evaluation of services.

Identified Good Practice
• Highly professional, committed and empathic workforce • Workforce commitment to challenging stigma and discriminatory attitudes and practices • Service improvement group role in driving change/improvement via a single service model • Baseline information collated on psychosocial interventions • GOPR training is clearly linked to trauma issues • Effective collaboration between substance misuse and mental health services • Effective collaboration with the VAWP to respond to cross cutting issues

- Effective partnership working with local Third sector agencies
- Harm reduction embedded in the assessment processes
- HRS provision of outreach and advice/guidance role
- Roll out of NPS training with a harm reduction focus
- Proactive support and linkage to recovery communities and mutual aid
- Partnership working with SRC, AA, FA, SMART Recovery and SFAD
- Reporting /dialogue to stakeholders and public via stakeholder event

Please summarise any actions required to improve aspects of practice/performance

- Shift terminology and orientation from care to recovery e.g. recovery plan
- Drive a culture shift in language to reflect recovery and ROSC
- Conduct a recovery orientated TNA clearly linked to the Quality Principles
- Align services to meet a range of needs through targeted strategic and operational partnership working
- Strengthen trauma informed practice
- Increase mutual aid opportunities, particularly in remote and rural communities
- Improve equity of service provision over complex geographical areas
- Increase community based opportunities for strengthening recovery capital

Please indicate on the scale below the level of service performance for this Quality Principle.

Unsatisfactory	*Weak*	*Adequate*	*Good*	*Very Good*	*Excellent*
			X		

4. Impact on the community	
QI 4.1 Impact on communities	
Quality Principle 3 - *that is anyone who has a role in improving outcomes for individuals, families and communities affected by problematic drug and alcohol use.*	
Principles	**Demonstrate how you know**
4.1 How well are you building and promoting positive community capacity and engagement to reduce overall alcohol consumption and drug use in your local communities?	HADP has a strategic approach but requires more robust systems to be in place to support community engagement and capacity building at an operational level. HADP can demonstrate proactive seeking of community views and priorities for reducing drug and alcohol related harm. HADP has undertaken; community consultation events, public survey's and worked in partnership with Highland Council to include community views on drug and alcohol issues in their annual performance management survey. All data collated is included in the draft revised strategic needs assessment and will influence the development of future policy and service development. Through the Catalyst Project, and in partnership with Action for Children and the Youth Action Service, HADP has been directly involved in community asset building in the Alness and sea board village areas of Highland in order to strengthen family recovery processes. HADP recognises the need to move beyond consultation and actively engage in asset building to strengthen community capacity for reducing drug and alcohol related harm and will progress this work through Health Improvement partners, including community health coordinators. Developing the recovery cafe model in Caithness will be a test for how this can be rolled out across HADP area, presentations at District Partnerships encourages engagement from across communities.

	Representation and engagement with local community safety partnerships should provide further opportunity to engage with the business sector
4.2 How do you demonstrate improved outcomes for communities as a result of implementing whole population approaches?	Directly linking improved outcomes to whole population approaches is difficult, however a range of core indicators are routinely monitored for impact and to gauge outcomes e.g. alcohol mortality , levels of hazardous / harmful drinking, ABI standard, drink driving rates etc. For further insight in to outcomes, this data is supplemented by a range of local qualitative and quantitative data gathering e.g. public survey's, Highland Council performance management survey, number of presentations in community forums to increase understanding and promote whole population approaches. HADP proactively supports the implementation of a whole population approach to reduce overall alcohol consumption in the population. The LDP delivery plan identifies the actions that we will take to implement the approach at a local level.
4.3 How do you demonstrate improved outcomes for communities as a result of focused preventative activities to raise awareness of new psychoactive substances?	As stated previously, directly linking improved outcomes for communities to raising awareness of NPS is challenging. The priority accorded to NPS is set out in the HADP annual report and LDP and we have completed a Highland NPS scoping exercise that will strengthen the local evidence base on levels of use, harms and emerging trends that will inform a proportionate response. The NPS reports sets out clear recommendations that are being progressed by partners and prioritises the integration of NPS in to all preventative frameworks and activities. HADP delivers bespoke training to generic service providers to increase confidence and skills for preventing and responding to NPS and poly drug use. Raising public awareness continues to be undertaken via local print and social media e.g. press releases, Facebook chats, provision of information and leaflets, community and school based events, presentations and resources accessible to young people parents, teachers and other professionals via the Highland Substance Misuse Toolkit. Partnership working between HADP, NHS Highland, Police Scotland and Trading Standards has resulted in enforcement action that has reduced access to NPS via a local Headshop and on-line source.

Identified Good Practice
• Strategic approach and priority • Demonstrate consultation on community priorities • Community priorities shaping future policy and service development • Development of good practice examples for community asset building e.g. Catalyst Project • Development of innovative service developments e.g. Caithness drop-in • NPS scoping exercise sets out clear recommendations for local action • NPS awareness raising activities and provision of resources via Substance Misuse Toolkit • Confident and competent specialist workforce able to support problematic NPS and poly drug use • Provision of bespoke training • Reduced NPS access resulting from effective collaborative enforcement activities
Please summarise any actions required to improve aspects of practice/performance
• Demonstrate progress beyond consultation to actively engaging in asset building • Establish effective systems to support community engagement and capacity building • Evidence improved community outcomes from whole population approaches • Evidence improved community outcomes from NPS preventative activities • Improve the quality and effectiveness of NPS preventative resources • Strengthen the knowledge and skills of universal services for NPS preventative activities • Cascade learning from innovative service developments

Please indicate on the scale below the level of service performance for this Quality Principle.

Unsatisfactory	*Weak*	*Adequate*	*Good*	*Very Good*	*Excellent*
			X		

How good is our delivery of services?	
5. Delivery of key processes	
QI 5.1. Assessing and responding to need to reduce harm	
Quality Principle 4. ***You should be involved in a strength based assessment that demonstrates the choice of recovery model and therapy is based on your needs and aspirations.***	
Principles	**Demonstrate how you know**
5.1.1 How do you demonstrate that assessments are based on an individual's strengths and assets?	There are standard arrangements in place for assessing the needs of individuals and for planning and delivering appropriate supports and services. Assessments are perhaps more traditional and would benefit from being more strength-based and take greater account of individual's recovery capital however, conversations on recovery starts at first contact. The assessment process is consistent across services and individuals are encouraged to fully participate in the process and decision making on the supports and services they receive. Assessments are conducted in a sensitive and supportive manner and workers are alert to the needs of individuals and potential trauma issues. CAPSM is integrated in to a screening tool used by some services and the assessment tool used by all substance misuse services. The assessment process informs judgements about the risks to and needs of each individual. Assessment is an on-going process taking account of changes in the individual's needs. Specialist assessments are arranged when required, however guaranteeing timely responses from other services can be challenging. The need for assessment processes and tools to be more strength-based and to be more explicit about recovery capital and use of recovery orientated language, is recognised. There is strong commitment to improvement and early implementation of the ROW Tool has been agreed with a go live date set for 1st May.
5.1.2 How do you demonstrate that assessments are carried out in a sensitive and supportive way?	

5.1.3 How do you demonstrate that assessments identify and record any traumatic events in an individual's life which may affect them?	Identifying traumatic events is a key element of the assessment process. There is a section in the current assessment tool that specifically asks about traumatic incidents and significant events.
5.1.4 How do you explain the range of treatment options available to individuals?	Time is taken to find out what individuals awareness of treatment may be and then options are explained in one to one sessions. The range of different approaches is described in a plain English manner with views and preferences sought from individuals on what would work best for them to reduce risks and meet identified needs and immediate and longer-term priorities.

5.1.5 How to you demonstrate that the views of individuals are listened to, noted and used to develop their personal recovery plan?	Time is taken to listen to individuals in order to identify the most pressing primary problems and concerns and this is evidenced in notes and used to inform personal care plans. Individuals are actively listened to at all points of engagement and encouraged to be as involved as possible in developing and guiding their personal care plan. Evidence is recorded in individual files and in statutory services, this is highlighted in record keeping audits. Supervision arrangements are actively encouraged and used.
5.1.6 How do services demonstrate that assessments which require more than one session do not prevent individuals accessing services quickly?	Individuals do not wait to receive supports whilst assessments are being undertaken with priority focused on pressing concerns. Referrals are made in a timely manner with immediate action taken when required. More recently, Harm reduction appointments have been provided for those waiting for secondary treatment with good uptake. It's anticipated that this approach may embed in the longer term even where no waiting lists exist.
5.1.7 How do you demonstrate that individuals are clear of the reasons and benefits of recording information about their recovery journey on local and national data systems?	(See previous sections) Guidance is provided by clear information-sharing protocols and procedures to support assessment and planning, including managing and recording individuals consent to share information and when this might be done without their permission. Individuals understand the reasons and benefits of workers recording information about their care on local and national data systems and are told about the type of information recorded.
5.1.8 How are individuals made aware that with their consent, information may be shared with other services including when this may be done without their permission?	An information sharing mandate is provided with individuals asked to sign it to demonstrate consent to share information e.g. MARAC, adult support and protection, child protection. Very clear reasons are given with individuals encouraged to consider that although it is best to have consent, there may be situations where it may not always be possible to do so. Individuals are also informed that the procedure will be regularly reviewed and they can decide to withdraw consent at any stage with no detriment. There is a well established system of information sharing for MARAC, ASP, CP and non-fatal overdose

Identified Good Practice
• Daily huddle led by mental health for out of hours and crisis presentations resulted in rapid access to support for vulnerable people • Consistent assessment process across services providing encouragement for individuals to participate fully • Assessments that are trauma informed and conducted sensitively and supportively • CAPSM integrated in to assessment tool • Active listening at all points of engagement and individuals guiding their personal care plan • Support received whilst assessment is undertaken with individuals pressing concerns prioritised • Referrals to other services are made in a timely manner with immediate action taken when required • Harm reduction appointments for individuals waiting for secondary treatment with good uptake • Information sharing mandate used to demonstrate individuals consent to share information
Please summarise any actions required to improve aspects of practice/performance
• Introduce strength-based assessment that includes a full account of individuals recovery capital • Progress speedier response times from specialist services that have been referred on to • Introduce recovery orientated language e.g. recovery plan, recovery capital • Roll out of ROW Tool from 1st May to support establishment of ROSC

Please indicate on the scale below the level of service performance for this Quality Principle.

Unsatisfactory	***Weak***	***Adequate***	***Good***	***Very Good***	***Excellent***
		X			

QI 5.2. Planning for individuals and delivering care and support	
Quality Principle 5. ***You should have a recovery plan that is person centred and addresses your broader health, care and social needs, and maintains a focus on safety throughout your recovery journey.***	
Principle	**Demonstrate how you know**
5.2.1 How are individual's made aware that their Recovery Plan belongs to them and its agreed actions are to be achieved in partnership?	Planning and the delivery of care and support are undertaken in collaboration with individuals. Behaviour change approaches are applied such as motivational interviewing, to convey responsibility, readiness for change and goal setting lies with the individual and that the role of services is to support this process. To foster ownership individuals are encouraged to retain a copy of their care plan, however some services have reported that individuals can be reluctant to do so.
5.2.2 What are the arrangements to demonstrate that Recovery Plans are reviewed on a regular basis at a time agreed between staff and individuals?	Individuals are encouraged to actively participate in the development, delivery and review of their care plan. The dates for reviews, provision of consent, and clear linkage between the assessment and care plan can be identified through record auditing processes. Progress is discussed at every appointment. Quarterly reviews of ORT are in place and supervision and routine multi-disciplinary meetings provide opportunities to discuss, change, challenge interventions.
5.2.3 Do Recovery Plans include information on reducing harm?	A range of harm reduction advice is available in a language and style suitable to the needs of the individual.
5.2.4 Do Recovery Plans aim to achieve stable recovery beyond treatment into aftercare?	Care plans aim for stability and recovery, where this is the individuals goal. Awareness is raised of the network of support they are able to access; whilst in treatment and moving into aftercare and the wider community. In line with stated goals and aspirations, individuals are supported to move on from services, at a time agreed between them and their worker. On discharge, individuals are

	provided with information on a clear route back in to receiving support for whenever they may require it.
5.2.5 Do Recovery Plans detail further services that individuals may need to access as part of their progression through treatment and care back to the wider community?	When individuals reach a stage of change where they feel able to sustain recovery, the next step is to take up opportunities in the community which are more available in some areas than others. Particularly in more rural areas, there is very limited; aftercare, community and employability opportunities. Staff prioritise developing knowledge of what's available in their local areas and work in partnership with a range of services / organisations to support throughcare
5.2.6 Do Recovery Plans look towards an individual's moving on from a service, in line with their aspirations, and agreed timescales?	Wherever appropriate and in line with stated goals and aspirations, individuals are supported to move on from services, at a time agreed between them and their worker. On discharge, individuals are provided with information on a clear route back in to receiving support for whenever they may require it.
5.2.7 Before moving on how do you provide relapse prevention advice and assertive engagement with local mutual aid groups and/or the recovery community?	From the outset, individuals are provided with relapse prevention advice and proactive encouragement to engage with local mutual aid groups. Where individuals relapse, they can access appropriate support to facilitate learning from the experience and be better equipped to identify triggers and effective strategies, whilst renewing their focus on achieving goals.
5.2.8 If an individual relapses how you do demonstrate that when they re-engage with services they are treated with dignity and respect that welcomes their continued efforts to achieve the recovery goals in their Recovery Plan?	Individuals are not judged, with problem drug and alcohol use considered to be a chronic relapsing condition for some people and may therefore take several courses of treatment before they achieve their goals. Every re-entry provides an opportunity to consider what went well, what went less well and what would be helpful moving forward.. A positive and supportive focus is applied to listening to the individual and enabling them to learn through identifying potential triggers and useful strategies, so they feel more skilled and confident moving forward toward achieving their goals. Workers are experienced in supporting individuals that may dip in and out of services and continuously apply a range of psychosocial supports aimed at enhancing motivation and determination to change.

5.2.9 Are individual's provided with a copy of their recovery plan?	As previously stated, individuals are provided with a copy of their care plan if they wish to retain one. Whilst some individuals accept the offer, others may refuse.

Identified Good Practice
• Collaborative approach to planning and delivery of care • Motivational interviewing and other methods are widely applied to support behaviour change • Individuals are encouraged to retain a copy of their care plan • Harm reduction advice is provided in a language and style suitable to the needs of the individual • Individuals have information on clear routes back in to service • Individuals are provided with relapse prevention advice and proactive encouragement to engage with local mutual aid groups
Please summarise any actions required to improve aspects of practice/performance
• Increase the mutual aid opportunities, particularly in rural areas to improve aftercare support • Devise creative solutions for increasing community based and employability opportunities in rural areas

Please indicate on the scale below the level of service performance for this Quality Principle.

Unsatisfactory	*Weak*	*Adequate*	*Good*	*Very Good*	*Excellent*
		X			

QI 5.3. Reviewing progress, joint planning and decision making	
Quality Principle 6. ***You should be involved in regular reviews of your recovery plan to demonstrate it continues to meet your needs and aspirations.***	
Principles	**Demonstrate how you know**
5.3.1 Do individual's reviews include an assessment	There are systems in place to review individuals care plans and interventions at suitable periods. Reviews are centred on individuals needs and include an assessment of their

of their strengths and recovery capital?	strengths and recovery capital; albeit different language may be applied e.g. positives, resources, supportive networks. Reviews also include an assessment of progress toward achieving individual goals. Modifications to care plans and the supports and services being provided may be required, in response to changing or any unmet needs. Individuals are actively listened to with their views and wishes incorporated into reviewing the helpfulness of the support being provided.
5.3.2 Do individual's reviews include an assessment of the effectiveness of their treatment?	Reviews focus on the issues that may have been raised previously and progress toward goals will be assessed. Identifying expectations and what worked well and not so well, particularly from the individual's perspective, are central to the review process. Applying outcomes from the discussions to any potential revisions of the individuals care plan is carried out.
5.3.3 How are individuals' plans reviewed as they progress on their recovery journey to demonstrate it reflects the changes in their situation?	Depending on the individual, reviews may be conducted at every session, whilst for others it may be on a longer basis. Reviews are recorded on the continuation sheets with the Third Sector using an equivalent procedure. There are a range of reviews that occur, range from recovery plan reviews, ORT reviews, physical health and mental health reviews.
5.3.4 How are matters such as future aspirations, wider health needs, family, children, finances, education, employment and housing discussed including information about services which help you achieve these?	Care plans adopt an integrated and holistic approach to addressing key areas of health and wellbeing and the support services that could be beneficial in addressing immediate and longer term needs. Adoption of the ROW Tool will ensure broader aspects of individuals wellbeing are addressed and embedded in a systematic manner and demonstrate clear outcomes.
5.3.5 How do you support individuals to access wrap around services such as housing, volunteering and employment?	Where obtainable, services work in partnership to access wraparound services such as housing, buddy systems and support staff from other agencies. Packages of care depend on where an individual is, on their recovery journey. However, there is limited availability of wraparound services in many areas, particularly in remote and rural communities. This creates innovation however, resource is limited.
5.3.6 How do you demonstrate individuals are treated with dignity and in a non-discriminatory way?	See previous response to section 2.1.

Identified Good Practice
• Review systems in place with the process centred on individuals needs • Staff have good local knowledge of services and how to access them • Supervision and peer support services • A network of non-medical prescribers us developing across all areas in HADP, this will provide more consistent coverage where local primary care services are not providing enhanced services for drug users.
Please summarise any actions required to improve aspects of practice/performance
• Embed recovery terminology in to assessment and review processes and take full account of individuals recovery capital • Address broader aspects of wellbeing in a systematic manner and demonstrate clear outcomes via the ROW Tool • Devise creative solutions to the provision of wraparound services in rural communities • Development of a Non-Medical Prescriber Framework with built in supervision review and monitoring to ensure consistency in safe and effective practice

Please indicate on the scale below the level of service performance for this Quality Principle.

Unsatisfactory	*Weak*	*Adequate*	*Good*	*Very Good*	*Excellent*
			X		

QI 5.4. Involving individuals in the delivery of services	
Quality Principle 7. ***You should have the opportunity to be involved in an on-going review of how services are delivered throughout your recovery.***	
Principle	**Demonstrate how you know**
5.4.1 How do you enable individuals to have their	HADP have conducted consultations that have included targeting of service users through

say in how services are delivered?	working in partnership with services, mutual aid groups and recovery communities. Services have encouraged service users to have a say in delivery through suggestion boxes, and on an ad hoc basis surveys and focus groups. HADP recognises the need to improve performance in service user involvement and has developed a draft service user involvement plan. As yet there is no formal mechanism for service user involvement in the development and evaluation of services. However, a Development Manager was employed in May 2015 to progress the agenda and a more formal structure is planned for the latter part of 2016.
5.4.2 How do you make clear to individuals their responsibilities and what they can expect from your service (supported by the Recovery Philosophy)?	The framework for support is explained empathically to individuals by workers skilled in behaviour change approaches. Individuals and services expectations are clarified with agreements negotiated about expected standards of communication, participation, support and behaviour. Application of motivational interviewing skills helps to enhance individual's motivation and self efficacy, whilst also empowering people to acknowledge their responsibility and active role in recovery. Appropriate posters are displayed in services and information provided to convey in a user friendly manner the expectations of respectfulness by service providers and service users alike.
5.4.3 How are individuals informed of your complaints procedures and how they can make a complaint if they are unhappy with the service they have received?	NHSH services adhere to organisational complaints procedures with information provided on feedback forms, whilst Third sector agencies have equivalent procedures. All complaints are dealt with through the same process as other NHSH related complaints and responded to within a set timescale. Individuals are encouraged to seek independent support from Advocacy Highland.
5.4.4 How are individuals informed about independent advocacy services that can help them be heard?	Information is available on the independent support provided by the Advocacy Highland service.

Identified Good Practice
• The workforce is empathic and skilled in applying behaviour change approaches.
Please summarise any actions required to improve aspects of practice/performance
• Improve performance in service user / family involvement and progress development of formal mechanisms

Please indicate on the scale below the level of service performance for this Quality Principle.

Unsatisfactory	*Weak*	*Adequate*	*Good*	*Very Good*	*Excellent*
		X			

QI 5.5. Involving family and carers in the lives of the individuals accessing services	
Quality Indicator 8*. Services should be family inclusive as part of their practice*	
Principles	**Demonstrate how you know**
5.5.1 How do you demonstrate individuals understand that 'family' can mean those people who plays a significant role in their lives?	Individuals are asked about family involvement and significant others at the outset of their engagement with encouragement to include relevant people in their care process, if this is what they wish. If individuals are in agreement, appropriate information can be provided to significant others on request, although this may not be consistent across services. A whole family approach was promoted to front-line workers at the HADP stakeholder

	event in 2015 with examples of effective family-based interventions highlighted. The HRS is proactive in engaging with individuals and families about the use of Naloxone and offers them resources providing harm reduction advice. Although awareness and consistent implementation could be improved, *Highland GOPR* for front-line practitioners provides effective guidance for children's and adult services including health. Services are attentive to the needs and wellbeing of dependent children and adults at risk and are very alert to circumstances which may have an adverse impact on them. Services have effective measures, clear guidance and procedures that support assessing and managing the circumstances of a child or adult at risk when there are concerns about their safety or wellbeing. Services promptly share relevant information with colleagues in other services, including Named Persons. Although there are examples of best practice, joint consideration of what actions need to be taken in the best interest of children and the family could be improved in some areas. Children's services understanding of the role that drug testing can play in child protection situations could be improved.
5.5.2 Do individuals understand that family members can only be involved in their recovery journey if they want them to be?	This is considered core practice.
5.5.3 How do services help and encourage individuals to involve others who can support their recovery?	Services can provide an objective perspective on highlighting the benefits of involving family members in individual's treatment. Where necessary services can play a pivotal role in strengthening individuals skills for communicating and responding in constructive ways to family involvement.
5.5.4 How do you help individuals minimise the risk that their drug or alcohol use may have on those around them?	Services are familiar with the need to provide support to family members and significant others to increase resilience and decrease risk. They promote accessing support services and mutual aid groups such as Families Anonymous and Al-Anon, although consistency across services could improve.

	Family members access drop-in services in some areas for support and advice on minimising risk and strengthening resilience.
5.5.5 How do you demonstrate that individuals know that if they have children their needs and well-being will be a primary concern?	Individuals are asked from the outset of their engagement whether they have any concerns about the impact of drug or alcohol use on children and whether they wish to access support for children. It is also explained that in situations where there are concerns about children's wellbeing that information will be shared with appropriate agencies. The children's wellbeing and need for support is regularly reviewed.
5.5.6 How do services demonstrate that the needs of members of an individual's family, and those individual's lives with, are considered including seeking support for them?	Services are familiar with the need to provide support to family members and significant others to increase resilience and decrease risk. They promote accessing support services and mutual aid groups such as Families Anonymous and Al-Anon, although consistency across services could improve.

Identified Good Practice
• From the outset, individuals are encouraged to include relevant people in their care process, if they wish • Promotion of whole family approach to managers and front-line workers • Proactive engagement with individuals and families to train in naloxone administration • Effective guidance (GOPR) developed to support front-line practitioners in children and adult services • Sharing of relevant information with relevant services, including Named Persons.
Please summarise any actions required to improve aspects of practice/performance
• Memorandum of Understanding to be agreed between HADP and CAPC. • Consistency improved in the provision of information and support to family members and significant others • Consistency improved in the implementation of the GOPR guidance • Improved understanding in children's services of the role of drug testing in child protection

Please indicate on the scale below the level of service performance for this Quality Principle.

Unsatisfactory ***Weak*** ***Adequate*** ***Good*** ***Very Good*** ***Excellent***

		X			

How good is our management?

6. Policy, service development and planning	
QI 6.1 Planning and improving services	
Principle 5. You should have a recovery plan that is person-centred and addresses your broader health, care and social needs, and maintains a focus on your safety throughout your recovery journey.	
Principle	***Demonstrate how you know***
6.1.1 Is your Delivery Plan aligned with the SOA and joint operational plans? How is this done in practice, and how is progress monitored and managed?	National ADP outcomes continue to be clearly aligned with the SOA outcomes, NHS LDP standards and the HADP local outcomes as set out in the revised delivery plan. HADP is firmly embedded within the Safer Highland strand of the community planning partnership. Partners from all relevant agencies contribute fully and openly to the operation of HADP and are involved meaningfully in the co-ordination, development and implementation of the HADP strategy and LDP. The HADP LDP reflects the local delivery outcomes set out in the HADP Strategy and is aligned to NHS LDP standards, the Safer Highland community safety strategic assessment, SOA and core ADP national outcomes. The HADP strategy is currently being updated and will be based on an updated and comprehensive, assessment of current and future needs and provide an informed basis for development of a commissioning intentions plan. Core indicator data is used to monitor progress towards achieving national and local outcomes in the revised delivery plan, SOA, NHS LDP and Safer Highland community safety strategic assessment Delivery of the LDP is coordinated via the HADP strategy group with lead responsibility for achieving outcomes as follows ; Recovery (NHS Highland, Substance Misuse Service), Maximising Health (NHS Highland, Health Improvement Team), Protecting Communities (Police Scotland, North Division, HMP Inverness, Highland Council, Criminal Justice Service) and Children and Families (Highland Council, Children and Families Service).

6.1.2 Is your drug and alcohol strategy based on a comprehensive, dynamic assessment of current and future needs?	The HADP strategy is currently being updated and will be based on a revised and comprehensive, assessment of current and future needs and provide an informed basis for development of a commissioning intentions plan.
6.1.3 Does your Delivery Plan take full account of the Quality Principles and how are you identifying the specific steps you need to take to demonstrate these are being implemented and embedded in practice?	HADP recognises that the LDP provides a light touch on the Quality Principles and requires identification of the steps needing to be taken to demonstrate implementation and embedding in practice. Networking with areas involved in the Quality Principles pilot phase has been undertaken with a review of other ADP processes and identification of tools that can be adapted to enable Highland to implement self-evaluation processes among individual services. This will facilitate more comprehensive and structured monitoring and self-evaluation at strategic level. Discussions are underway with Substance Misuse Services to negotiate a suitable timescale and process for roll out. A bespoke Service Improvement Group which include statutory and non-statutory services is scheduled for 28th March, Quality Principles and the self evaluation is on the agenda is supported by SRC and SG. A programme of recovery orientated training and workforce development opportunities aligned to the Quality Principles is currently being roll out to support implementation.
6.1.4 Do you have Recovery Orientated Systems of Care (ROSC) in place and are these fully implemented?	ROSC are currently in development and will be aided by early implementation of the ROW Tool from 1st May. It is planned that ROSC will gradually be evidenced in Highland through the ROW tool element of DAISy. A Demand Capacity Activity & Queue (DCAQ) process was undertaken across substance misuse services with a service improvement group established which will support ROSC to progress from development to being in place and enhancing further.

Identified Good Practice
• HADP is embedded within the Safer Highland strand of the community planning partnership. • Partners from all relevant agencies contribute fully and openly to the operation of HADP. • Partners from all relevant agencies contribute to the implementation of the HADP strategy and LDP. • Programme of recovery orientated training rolled out to support implementation of the Quality Principles.

Please summarise any actions required to improve aspects of practice/performance

QI 6.2 Performance management and quality assurance

- LDP should clarify the steps for implementing and embedding the Quality Principles.
- Service improvement group to lead on implementation of the Quality Principles and roll out of the ROW Tool.
- A timetable of work will be established for 2016-17 and will align with ROW and DAISy

Please indicate on the scale below the level of service performance for this Quality Principle.

Unsatisfactory	*Weak*	*Adequate*	*Good*	*Very Good*	*Excellent*
		X			

Principle 2. You should be offered high quality, evidence informed treatment, care and support interventions which keep you safe and empower you in your recovery.	
Principle	***Demonstrate how you know***
6.2.1 What systems do you have in place for service monitoring and review and reporting on performance within your Delivery Plan?	There is currently no electronic performance management system in place, and it is planned that early implementation of the ROW Tool element of DAISy will provide more robust evidence for monitoring, review and performance of the LDP. Challenges are thus ongoing for providing quantitative evidence based reporting on the recovery orientated performance of services. Quarterly progress reports from substance misuse services are currently submitted to the HADP strategy group on development of the integrated care pathway and ROSC.
6.2.2 Do you have agreed standards across all your services which quality assure that your services are being delivered effectively and efficiently that fully reflect the Quality Principles?	There is not an existing document that explicitly sets out standards across services which can be used for quality assurance purposes. This is a position we would work towards through the development of a single service model. There are standard policies and protocols across HADP area that staff adhere to There is a standard of care expected that is informed by professional standards and training.
6.2.3 Do you gather information and seek the views from staff, individuals, carers and families, as an integral part of quality assurance?	NHS conduct and annual staff survey, also some team meetings have cast study analysis as an integral part. Services have also hosted family and mutual aid meetings and invited representatives to provide inputs at team meetings and visit services where discussion is focused on service delivery. Focus groups methods are also used when required to gather views on particular issues or developments.
6.2.4 Are staff clear what is expected of them in order to deliver high quality services?	There are a series of local protocols and standard operating procedures to provide frameworks and guidance to support staff deliver high quality services.
6.2.5 Is performance reported clearly and	The HADP LDP and annual report is accessible to the public via the HADP website.

accurately to all stakeholders including the public?	Performance is reported at the annual event stakeholder event attended by almost one hundred participants from a range of public, Third sector and community organisations. The event is also accessible to members of the public. In 2015 HADP also undertook a series of community consultation events across Highland localities and reported performance by presenting trend data on national core and local indicators. Structured discussion was also facilitated to collate qualitative data on community priorities for reducing drug and alcohol related harm. The data collected is included in the updated strategic needs assessment and will inform revision of the HADP strategy.

Identified Good Practice
• Quarterly progress reports from substance misuse services submitted to the HADP strategy group for scrutiny. • Some family and mutual aid meetings hosted and representatives invited to liaise with services. • Protocols and standard operating procedures established to provide frameworks and guidance for delivering high quality services. • Transparency and public accountability of HADP promoted via the annual stakeholder event. • Performance reporting at community level and involvement in setting strategic priorities
Please summarise any actions required to improve aspects of practice/performance
• Outcome monitoring of performance to be improved by early roll out of the ROW Tool. • Implement standards across all services to quality assure effective implementation of the Quality Principles. • Devise robust and consistent mechanisms for integrating staff, individuals, carers and family's views in to quality assurance.

Please indicate on the scale below the level of service performance for this Quality Principle.

Unsatisfactory	*Weak*	*Adequate*	*Good*	*Very Good*	*Excellent*
		X			

QI 6.3 Securing improvement through self-evaluation	
Principle 7. ***You should have the opportunity to be involved in an on-going evaluation of the delivery of services at each stage of your recovery.*** **Principle 8.** ***Services should be family inclusive as part of their practice.***	
Principle	***Demonstrate how you know***
6.3.1 Do you have a common and robust approach to self-assessment and improvement? Is this approach guided by the Quality Improvement Framework and Quality Principles?	HADP recognises the need to have a common and robust approach to self-assessment that is guided by the Quality Improvement Framework and Quality Principles. However, NHS service improvement is aligned to the Highland Quality Approach (HQA) which promotes continuous review processes for; improving person-centred care, eliminating waste, reducing harm, managing variation and making best use of resources. The HQA strategic framework informed a DCAQ process across substance misuse services and development of a service improvement group that HADP will collaborate with to implement self evaluation procedures. Networking with areas involved in the Quality Principles pilot phase has been undertaken with a review of other ADP processes and identification of tools that can be adapted to enable Highland to implement self-evaluation processes among individual services. This will facilitate more comprehensive and structured monitoring and self-evaluation at strategic level. Discussions are underway with Substance Misuse Services to negotiate a suitable timescale and process for roll out. A programme of recovery orientated training and workforce development opportunities aligned to the Quality Principles is currently being roll out to support implementation.
6.3.2 What progress are you making in achieving demonstrable improvements in the quality and delivery of service improvement and performance through purposeful self-evaluation?	See previous response to section 6.3.1
6.3.3 How do you routinely gather the views about the experiences of individuals and their families in evaluating the impact and supporting	HADP recognises the need to routinely gather the views about the experiences of individuals and families in evaluating the impact and supporting improvement in services.

improvement of your services?	HADP have conducted consultations that have included targeting of service users and families by working in partnership with services, mutual aid groups and recovery communities. Services have encouraged service users to have a say in delivery through suggestion boxes, and on an ad hoc basis surveys and focus groups. HADP recognises the need to improve performance in service user and family involvement and has developed a draft service user involvement plan. As yet there is no formal mechanism for service user and family involvement in the development and evaluation of services. However, a Development Manager was employed in May 2015 to progress the agenda and a more formal structure is planned for the latter part of 2016.
6.3.4 How do you encourage, support and train staff to carry out evaluation on the quality of services they deliver as an integral part of their work using the Quality Principles?	HADP recognises that significant improvement is required to establish a systematic approach to staff evaluating the quality of services they deliver. Currently, workforce development opportunities are available to staff through the HQA to develop knowledge and skills to apply improvement methodologies such as LEAN, small tests of change and driver diagrams. Presently, there is no specific training available to staff on evaluating of the quality of services. Current pressures on services to prioritise the waiting times target and limited capacity have resulted in challenges releasing staff to participate in training. Potential funding cuts from 2016 are likely to place additional strain on services that are already stretched. It would therefore be helpful to have access to on-line training opportunities to support workforce development in self-evaluation. Supervision processes and professional development aligned to KSF competences have reflective practice embedded. Managers should encourage staff to take greater responsibility for self-evaluation and could use the Quality Principles in a structured way to help staff develop professionally to evaluate the quality of services they deliver.

Identified Good Practice

QI 6.4 Involving individuals who use services, carers and other stakeholders in service planning

- Statutory services alignment to the Highland Quality Approach (HQA) promotes continuous review processes
- HQA strategic framework has informed a DCAQ process and development of a service improvement group.
- Learning from ADP's involved in the Quality Principles pilot with self evaluation tools considered for adaptation in Highland.
- Recovery orientated training and workforce development opportunities rolled out to support implementation.
- Supervision processes and professional development frameworks that have reflective practice embedded.

Please summarise any actions required to improve aspects of practice/performance

- Implement a common and robust approach to self-assessment guided by the Quality Principles through purposeful self-evaluation.
- Demonstrate improvements in the quality and delivery of services.
- Routinely gather views from individuals and families to evaluate the impact of services and support improvement.
- Improve performance in service user and family involvement by developing robust mechanisms for inclusion.
- Establish a systematic approach to staff evaluating the quality of the services they deliver.

Please indicate on the scale below the level of service performance for this Quality Principle.

Unsatisfactory	*Weak*	*Adequate*	*Good*	*Very Good*	*Excellent*
	X				

Principle 7. ***You should have the opportunity to be involved in an on-going evaluation of the delivery of services at each stage of your recovery.*** **Principle 8.** ***Services should be family inclusive as part of their practice.***	
Principle	***Demonstrate how you know***
6.4.1 Do you have an agreed strategy and clear framework in place to demonstrate systematic engagement and meaningful involvement of individuals who use services, carers and other relevant stakeholders?	HADP recognises the need to systematically engage and meaningfully involve individuals who use services, carers and other relevant stakeholders in strategy development. HADP have conducted consultations that have included targeting of service users and families by working in partnership with services, mutual aid groups and recovery communities. Services have encouraged service users to be involved in shaping delivery through suggestion boxes, and on an ad hoc basis surveys and focus groups. HADP recognises the need to improve performance in service user and family involvement and has developed a draft service user involvement plan. As yet there is no formal mechanism for service user and family involvement in the development in strategy development. However, a Development Manager was employed in May 2015 to progress the agenda and systematic engagement and meaningful involvement will be demonstrated toward the end of 2016.
6.4.2 How do you demonstrate that engagement with individuals, carers and other stakeholders is used positively to shape and influence policies and inform service planning and development?	In 2015 HADP undertook a series of innovative consultation events across Highland localities attended by members of the public, service users, family members, people in recovery, carers and other stakeholders. Qualitative data was collated on priorities for policy and service development. The data collected is included in the updated strategic needs assessment and will inform revision of the HADP strategy.
6.4.3 How do you demonstrate that the views of individuals, carers and other stakeholders influence the improvements you make?	Engagement and consultation with stakeholders is used to shape and influence policy and practice development and will inform future service planning. HADP has established the process of providing feedback to stakeholders through the annual stakeholder event. HADP recognises that improvement is required in demonstrating how individuals, carers and stakeholders views influence service quality improvements, although there are examples of good practice that can be built upon.

Identified Good Practice
• Consultations with service users and families undertaken in partnership with services, mutual aid groups and recovery communities. • Inclusion of consultation findings in strategic needs assessment to inform revision of the HADP strategy. • Process established to provide feedback to stakeholders at annual event.
Please summarise any actions required to improve aspects of practice/performance
• Routinely gather views from individuals and families to evaluate the impact of services and support improvement. • Improve performance in service user and family involvement by developing robust mechanisms for inclusion. • Involve individuals who use services, carers and other relevant stakeholders in strategy development. • Demonstrate improvements in the views of individuals, carers and stakeholders influencing service development.

Please indicate on the scale below the level of service performance for this Quality Principle.

Unsatisfactory	*Weak*	*Adequate*	*Good*	*Very Good*	*Excellent*
	X				

QI 6.5 Commissioning arrangements

Principle 2. *You should be offered high quality, evidence- informed treatment, care and support interventions which keep you safe and empower you in your recovery.*	
Principle	***Demonstrate how you know***
6.5.1 Does your ADP have a commissioning plan in place?	The process of developing a commissioning intentions document has been initiated and will be underpinned by the HADP strategic needs assessment with development led by public health and reported to the HADP strategy group. HADP recognises that the strategic needs assessment and commissioning intentions plan require to be completed as a matter of priority.
6.5.2 Are your commissioning strategies coherent with your vision and the priorities set out in your Delivery Plan?	Although a commissioning intentions plan is being developed a review of SLA's for Third sector adult substance misuse services has been completed by NHS Highland, as lead agency for adult services. Partnership working between substance misuse services and the health and social care contracts team has been embedded with regular progress reports provided to the HADP strategy group. The integration of ROSC into SLA's has been strengthened with new arrangements and funding structure initiated from Dec 2015.
6.5.3 How do you monitor and evaluate how well the services you commission are delivering positive outcomes for individuals and their families?	An outcomes focused monitoring and evaluation process will be applied to all SLA's in line with DAISy / ROW Tool and the planned commissioning intentions document will set out processes for the effective scrutiny of current and future services.

7. Management and support of staff

Identified Good Practice
• Review of SLA's for Third sector adult substance misuse services has been completed. • Collaboration with the health and social care contracts team is embedded with regular reports to the strategy group. • Integration of ROSC into SLA's with new funding structure initiated from Dec 2015. • Supervision frameworks and sharing experience and knowledge across the teams is core
Please summarise any actions required to improve aspects of practice/performance
• Strategic needs assessment and commissioning intentions plan completed as a matter of priority.

Please indicate on the scale below the level of service performance for this Quality Principle.

Unsatisfactory	*Weak*	*Adequate*	*Good*	*Very Good*	*Excellent*
		X			

QI 7.1 Training, development and support	
Principle 3. ***You should be supported by workers who have the right attitudes, values, training and supervision throughout your recovery journey.***	
Principle	***Demonstrate how you know***
7.1.1 Do you have a workforce development strategy in place which includes a comprehensive training and development programme in line with Recovery Orientated Systems of Care (ROSC)?	HADP recognises the need to update the workforce development strategy and that it requires to be informed by undertaking a multi-agency TNA. A programme of recovery orientated training and workforce development opportunities aligned to ROSC and the Quality Principles is currently being roll out to support implementation. In line with the DCAQ process, a framework of core competencies (generic through to specialist); with the quality principles, DANOS and KSF embedded, have been consulted on and agreed by services and will be applied to benchmarking future workforce development activity. Core competencies have informed development of an induction programme of training for new substance misuse service staff. A smaller scale TNA for NHS substance misuse staff has been conducted and will inform development of a drug and alcohol TNA for the wider workforce once the HADP support team has sufficient capacity.
7.1.2 How do you demonstrate staff are involved in the strategic planning of training and development?	HADP recognises that improvement is required in demonstrating staff involvement in the strategic planning of training. Existing job remits used to formulate draft core competencies, which were then circulated to staff and their feedback used to develop final version. TNA will provide added detail when rolled out.
7.1.3 How do you demonstrate that staff across services demonstrate a sound knowledge and understanding of the Quality Principles and are confident and competent in applying these in	In partnership with national and local agencies, a range of training is provided on a regular and planned basis and includes innovative bespoke training i.e. New Psychoactive Substances (NPS), Discussing Drugs and Alcohol with Young People. Available evaluations evidence the added value of training on knowledge and skill development. Learning is used to inform future strategic planning of training and

practice?	development for staff. Quality Principles event details circulated to a wide audience, however short notice resulted in limited uptake. May be better to provide VC, on-line opportunities with longer notice. All information is accessible to staff for learning and development purposes on the shared drive. Quality Principles also is a priority on the agenda of the service improvement group. Session arranged for March with national and local input to drive forward implementation of the Quality Principles.
7.1.4 What employee development and supervision systems are in place to develop the skills and competence of your workforce?	As the main substance misuse service provider, NHS Highland has effective employee development and supervision including peer systems in place. Where performance is regularly appraised to develop the skills and competence of the workforce and staff encouraged to show initiative and exercise professional judgement. The professional standards expected from staff are made explicit and they are accountable for their work. This is reflected in eKSF and PDP to ensure that staff can keep up to date. It is embedded in the SLA's that managers ensure staff are up to date with developments in practice and policy.

Identified Good Practice
• Core competencies taken on for further development by NHS to inform banding and training of substance misuse posts. • Best practice and information sharing encouraged among staff via the shared drive. • Core competencies have informed an induction programme of training for new substance misuse staff. • Smaller scale TNA for NHS substance misuse staff conducted. • Quality Principles prioritised by the service improvement group with session arranged with national and local input to drive

implementation.

- Innovative bespoke training delivered locally i.e. *New Psychoactive Substances (NPS), Discussing Drugs and Alcohol with Young People*.
- Naloxone training sessions well attended and evaluated with Police Scotland trained in intra-nasal administration.

Please summarise any actions required to improve aspects of practice/performance

- Produce a workforce development strategy informed by a multi-agency TNA.
- Develop a process to ensure staff can demonstrate they have read, understand and will implement guidance and policy.
- Demonstrate staff involvement in the strategic planning of workforce development.

Please indicate on the scale below the level of service performance for this Quality Principle.

Unsatisfactory	*Weak*	*Adequate*	*Good*	*Very Good*	*Excellent*
		X			

8. Partnership working and resources	
QI 8.1 Partnership working	
Principle 2. You should be offered high-quality, evidence informed treatment, care and support interventions which keep you safe and empower you in your recovery. ***Principle 6. You should be involved in regular reviews of your recovery plan to demonstrate it continues to meet your needs and aspirations.*** ***Principle 7. You should have the opportunity to be involved in an on-going evaluation of the delivery of services at each stage of your recovery.***	
Principle	***Demonstrate how you know***
8.1.1 How do you demonstrate effective partnership working towards implementing and embedding the Quality Principles in service planning, design and delivery to improve the quality of your services?	HADP partners plan and work well together and are committed to establishing ROSC. HADP has begun to work in partnership to promote implementation of the Quality Principles. Annual reports are produced to monitor and report on a range of performance measures including the ABI and waiting times standards. We are highly committed at a local level to implementing a whole population approach to reduce overall alcohol consumption in the population. We listen to people using services and their views inform how our partnership delivers services.
8.1.2 What formal arrangements are in place between your ADP, Child Protection and Adult Protection Committees?	There is effective collaboration between HADP and the Child and Adult Protection Committee with shared representation on appropriate structures that help to sustain direct links between partnerships. A memorandum of understanding will be devised to formalise the relationship and collaborative arrangements. Partnership working has produced GOPR guidance for front-line practitioners with briefing sessions and training targeted at children and substance misuse services rolled out to support implementation that is driven and monitored by a joint CAPSM group.
8.1.3 What progress have you made towards implementing a whole population approach at a local level to reduce overall alcohol consumption in	HADP has made extensive progress towards implementing a whole population approach including ongoing and proactive representation on the licensing forum with licensing applications and the overprovision policy continuing to be monitored and promoted.

the population?	Presentations/workshops to local stakeholders and communities have been delivered to raise awareness of alcohol-related harm and the benefits of reducing; the availability, affordability and acceptability of excessive consumption. The ABI standard continues to be exceeded with training extended to wider settings including young people's services, the fire and rescue service and potentially the Police. On-line training has also been developed and an ABI practitioner's handbook revised. Awareness raising of the reduced drink driving limit and revised lower risk alcohol consumption levels has been undertaken.

Identified Good Practice
• Partners collaborate well and are committed to establishing ROSC. • Annual reports monitor and report on a range of performance measures including the ABI and waiting times standards. • HADP is highly committed to implementing a whole population approach to reducing overall alcohol consumption. • Consultation exercises have been conducted to involve service users, carers, families and the public in setting priorities. • Effective collaboration between HADP and the Child and Adult Protection Committee with shared representation on structures. • Production of GOPR guidance with briefing sessions and training targeted at children and substance misuse services rolled out. • Implementation of GOPR is driven and monitored by a joint CAPSM group that reports quarterly to HADP strategy group. • Representation on the licensing forum with licensing applications and the overprovision policy continually monitored and promoted. • Delivery of presentations/workshops to local stakeholders to raise awareness of the benefits of whole population approaches. • ABI standard continues to be exceeded with training extended to wider settings and an on-line resource produced. • Awareness raising undertaken of the reduced drink driving limit and revised lower risk alcohol consumption levels.
Please summarise any actions required to improve aspects of practice/performance
• A memorandum of understanding to be devised to formalise the relationship between HADP and the CAPC.

Please indicate on the scale below the level of service performance for this Quality Principle.

Unsatisfactory	*Weak*	*Adequate*	*Good*	*Very Good*	*Excellent*
			X		

8.2 Management of resources	
Principle 1. ***You should be able to quickly access the right drug or alcohol service that keeps you safe and supports you throughout your recovery.***	
Principle	***Demonstrate how you know***
8.2.1 Do you have a rigorous and collaborative approach to financial planning and management of ADP resources to achieve improved outcomes for people in recovery?	The NHS Highland drug and alcohol services budget is reported on quarterly, but progress is required on identifying and reporting on the totality of drug and alcohol resources across partner agencies. The majority of the drug and alcohol monies are committed to substantive posts with the result that resources available for commissioning are very limited. Nevertheless, spend is routinely monitored for the purposes of identifying flex that could be redirected toward commissioning or shifting emphasis toward preventative activities. Where under spend has been identified it usually results from vacancies and is therefore non-recurring and therefore inappropriate for commissioning purposes. HADP has improved transparency, accountability and also the reporting on the monies spent on prevention and treatment/recovery.
8.2.2 How are you collectively tackling inequalities and reducing demand for specialist services?	HADP is committed to tackling inequalities and recognises the need to develop a clearer focus and identify joint priorities, although there are examples of good practice in tackling inequalities e.g. numbers of young people from deprived communities participating in diversionary activities. HADP is also committed to increasing uptake of essential services and is working in partnership with NHS Highland to progress the agenda.

Identified Good Practice
• Majority of drug and alcohol monies that are allocated to NHS statutory services is reported on quarterly. • Monies monitored to identify flex for shifting toward commissioning and preventative activities, although recurring under spends have been undetectable to date. • Improved transparency, accountability and reporting on the monies spent on prevention and treatment/recovery.

Please summarise any actions required to improve aspects of practice/performance
• Progress with identifying and reporting on the totality of drug and alcohol resources across partner agencies. • Lobby Scottish Government to clarify resources available for facilitating the HADP commissioning role. • Establish a clearer focus and identify priorities for tackling inequalities that will build on examples of good practice. • Ongoing partnership working between HADP and NHS Highland to increasing uptake of essential services.

Please indicate on the scale below the level of service performance for this Quality Principle.

Unsatisfactory	***Weak***	***Adequate***	***Good***	***Very Good***	***Excellent***
		X			

How good is our leadership?	
9. Leadership and direction	
9.1 Vision, values and culture across the partnership **9.2 Leadership of strategy and direction** **9.3 Leadership of people** **9.4 Leadership of change and improvement**	
Principle 1. You should be able to quickly access the right kind of drug and alcohol service that keeps you safe and supports you throughout your recovery. ***Principle 2. You should be offered high-quality; evidence-informed treatment, care and support interventions which reduce harm and empower you in your recovery.*** ***Principle 3. You should be supported by workers who have the right attitudes, values, training and supervision throughout your recovery journey.*** ***Principle 7. You should have the opportunity to be involved in an on-going evaluation of the delivery of services at each stage of your recovery.***	
Principle	***Demonstrate how you know***
9.1. Does your ADP have a clear strategic direction, agreed by all partners that connects your* vision*, values and aims with your single outcome agreement, Delivery Plan and recovery outcomes?	HADP partners share a vision to reduce drug and alcohol related harm and achieve improved outcomes for Highland communities. The HADP strategy reflects national and local priorities driven by the Alcohol Framework and The Road to Recovery. HADP can demonstrate through the strategy and LDP how joint activities and interventions drive improvement across a continuum ranging from how we prevent drug and alcohol harm through to supporting individuals and families to recover and make a positive contribution to their local communities.

9.2 Does your Delivery Plan include details of how decisions are made on investment of the available financial resources utilised in prevention, treatment and recovery?	The financial framework sets out the decision making process on investment of the available financial resource, although adherence to the framework could be improved.
9.3 How do you foster a culture of collaborative working and promote effective working relationships to achieve high levels of performance and professional standards?	There are effective local governance arrangements in place for implementing the HADP strategy and LDP. Partners collectively hold each other to account for lead and delivering relevant outcomes. The annual report is submitted to the Safer Highland strand of the CPP, NHS board and more recently the health and social care committee are we are keen to be scrutinised and receive constructive feedback. Partners reflect on the effectiveness of joint activities and promote delivery of evidence-based approaches and strive to achieve measurable outcomes. HADP provides the leadership and direction needed to drive implementation of the Quality Principles, although in practice the agenda is more relevant to some partners than others.
9.4 As leaders, how do you secure capacity for improvement and strive for excellence in the quality of care, treatment and recovery services for individuals, their families and other stakeholders?	Leader's endeavour to model the effective performance expected from staff in delivering quality services through strong and effective teamwork, development and empowerment, and a climate of professional collaboration at all levels. Partners promote positive working relationships and a supportive working environment in which staff share a collective responsibility for improving the quality of their work. Leaders encourage staff empowerment and use of initiative to work in partnership with individuals and their families to achieve their goals and aspirations. Implementation of the Quality Principles has been initiated with recovery orientated training provided to support development of relevant knowledge and skills among staff. Leaders wish to promote a culture with staff confident in exercising their initiative, taking responsibility and adopting lead roles in their own areas and across services. As leaders strategy group members endeavour to be visible, accessible and communicative with stakeholders and provide inputs at the stakeholder event to promote transparency and accountability. Sustaining a diversity of leadership can be challenging due to what is experienced from Scottish Government as a perception that the primary purpose of ADP's are to deliver treatment services. To improve collaborative advantage, Leaders are keen to encourage

	a more progressive analysis from Scottish Government. Where the spectrum of ADP activity ranging from prevention through to recovery is acknowledged, and the varied but essential contributions from all partners to reducing drug and alcohol related harm is valued.

Identified Good Practice
• Shared vision to achieve improved outcomes for Highland communities. • Collaboration drives improvement across a continuum from prevention through to recovery. • Effective local governance arrangements are in place for implementing the HADP strategy and LDP. • Partners collectively hold each other to account for leading and delivering relevant outcomes. • Partners reflect on the effectiveness of joint activities and promote delivery of evidence-based approaches.
Please summarise any actions required to improve aspects of practice/performance
• Improve adherence by all partners to the HADP financial framework. • Scrutiny and feedback from Safer Highland, NHS board and the health and social care committee requires becoming more robust.

Please indicate on the scale below the level of service performance for this Quality Principle.

Unsatisfactory	*Weak*	*Adequate*	*Good*	*Very Good*	*Excellent*
			X		

Summary of identified action to improve aspects of practice/performance in relation to the Quality Principles

Quality Principle	Immediate Action Required	Some Action Required	No Action Required	Timescale
1.You should be able to quickly **access** the appropriate service that supports your recovery	Ongoing monthly monitoring reports In-depth analysis of service waits Ongoing monthly calls with SG Roll out of service user survey Embed ROW Tool	Cascade learning from innovative services Reduce anonymous records Review skill mix Team training to scrutinise data Embed Harm Reduction appointments whilst awaiting treatment Increase non-medical prescribing Manage planned absences Develop mentoring model	SLA's agreed with Third sector Recovery as key strategic outcome Routine performance reporting Open referral system Assessment clinic HMP Inverness achieving standard	Oct 2016
2. You should be offered high quality, evidence based **treatment, care and support** interventions which empower you in your recovery	Increase mutual aid groups Publish intranasal naloxone evaluation Complete the strategic needs assessment and commissioning intentions plan	Integrate staff, individuals, carers and family's views in to quality assurance Consistently monitor and report trends Increase flexibility of services Utilise shared drive for learning Update the interventions audit Improve outcome reporting via ROW Tool Establish quality assurance systems for implementation of the QP's	Harm Reduction embedded in routine practice Partner agencies involved in Harm Reduction NPS and naloxone training well attended Protocols /standard operating procedures providing staff guidance Reporting of performance to local communities SLA review completed with new funding structure in place for Third sector Group work delivered by Third sector in line with SLA Collaboration with contracts team embedded Core competencies developed and taken on board by NHSH and applied to induction training Sharing of best practice via the shared drive Smaller scale TNA conducted Service improvement group arranged session with national and local input to drive QP's	Aug 2016

			Recovery / bespoke training delivered Naloxone training delivered Police trained in naloxone / ABI's	
3. You should be supported by workers who have the right **attitudes, values, training** and **supervision** to assist your recovery	Introduce recovery terminology Drive recovery ethos and ROSC Deliver recovery orientated training programme Deliver bespoke NPS training .	Service improvement group to lead on driving improvement / QP's Build community capacity Strengthen NPS skills in generic services Learn from innovative services Conduct a multi-agency TNA Produce a workforce development strategy aligned to the QP's Establish system to ensure staff implement guidance Demonstrate staff involvement in the strategic planning of workforce development Increase mutual aid, particularly in rural communities Strengthen trauma informed practice Improve equity of service provision Increase opportunities to strengthen recovery capital	Staff commitment to challenging stigma GOPR training linked to trauma issues Collaboration between substance misuse and mental health services Collaboration with VAWP Bespoke NPS training rolled out NPS competent specialist workforce Service links to recovery communities and mutual aid groups Accountability to public via stakeholder event, annual report and community events	Sept 2016
4. You should be involved in a full, strength-based **assessment** that demonstrates choice of recovery model and therapy based on your needs and aspirations	Embed strength-based assessment Embed ROW Tool Increase mutual aid, particularly in rural areas	Progress toward establishment of ROSC Identify creative employability solutions, particularly in rural areas Progress speedier response times for specialist referrals	Consistent, CAPSM and trauma informed assessments Support provided during assessment Individuals concerns prioritised Information sharing mandate applied	Oct 2016
5. You should have a **recovery plan** that is person centred and addresses your holistic health, care and social needs	Embed recovery terminology Embed recovery ethos Embed ROW Tool Establish ROSC	Produce plan for embedding the QP's Service improvement group to lead implementation of the QP's and ROW Tool Align services to meet broader needs Systematically address broader wellbeing Identify creative employability solutions, particularly in rural areas	Links to recovery communities, mutual aid and employability MI / HBC widely applied Clear routes back to service Relapse prevention as core practice Delivery of recovery orientated training	Feb 2017

6. You should be involved in regular **reviews** of your recovery plan to demonstrate it continues to meet your needs	Demonstrate recovery outcomes via the ROW Tool	Devise creative solutions to wraparound, particularly in rural areas	Person-centred reviews in place Staff knowledge of services Supervision and peer support systems in place	Mar 2017
7. You should have the opportunity to be **involved** in an ongoing evaluation of the delivery of services, at each stage of recovery	Demonstrate improvements in service user / family involvement	Roll out of service user survey Include staff and family views in evaluating services Establish self-assessment processes for services that reflect the QP's	MI / HBC widely applied	Nov 2017
8.Services should be **family inclusive** as part of their practice	Memorandum of Understanding agreed between HADP and CPC Progress implementation of GOPR	Consistent provision of information and support to family/ significant others Promote whole family approach Increase families trained in naloxone CAPSM screening tool rolled out Demonstrate that family involvement has influenced service and policy development	Highland GOPR guidance produced in partnership Effective information sharing linked to GIRFEC Family involvement in consultations Family focused prevention campaigns and initiatives Feedback provided via annual stakeholder event	Aug 2016