



IMPROVING GOVERNANCE AND ACCOUNTABILITY ARRANGEMENTS WITHIN ALCOHOL AND DRUG PARTNERSHIPS: SELF ASSESSMENT TOOL

**Alcohol and Drug Partnerships
Partnership Delivery Framework**

Self-Assessment Tool

**South Ayrshire Alcohol and Drug Partnership
September 2022**

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Self Assessment Process and Definitions

ADPs are asked to complete the Self-Assessment Tool in conjunction with the Self-Assessment Criteria (see Guidance Document). The criteria outline the minimum supporting evidence required to demonstrate the ADP is delivering and working in line with the Partnership Delivery Framework.

The Self-Assessment asks ADPs to:

- assess themselves against the Self-Assessment Criteria and to map themselves against the Criteria using the definitions Maintain, Explore, Develop.
- demonstrate their assessment with narrative in line with the headings of:
 - How effective is the ADP in respect of this area?
 - How do you know this?
 - How will you do it and by when?
- For each of the elements described above, ADPs are asked to outline in no more than 250 each what they need to maintain, improve or do differently and provide a timeframe for these to be implemented.

The completed Self-Assessment should focus on outcomes rather than activities. This could include a description of the impact of changes or improvement activities on the delivery or information on how potential impact is being monitored.

Maintain	We are confident that we are demonstrating this standard. We have evidence to support this, including stakeholder confirmation and need to maintain this focus over time.	To meet this definition the ADP needs to be confident that it has policies and practice in place. ADP member's and senior stakeholders support this statement. The ADP has feedback processes in place and is confident that an external process could independently gather similar feedback locally. The ADP is confident in maintaining this standard as core practice.
Explore	We currently partly demonstrate this standard and may need further development.	The ADP feels it has some evidence to support the standard but isn't confident it is consistently maintained. The ADP and stakeholders feel there is room for improvement on some elements of the standard.
Develop	We do not fully demonstrate this standard currently and need to develop / discuss this further.	The ADP is not confident it is achieving the standard. Further work is required to generate support for improvement or progress

Background to ADP

South Ayrshire is located in the southwest of Scotland. A large rural area of 472 square miles (1,222 square km) extends from Troon and Symington in the north to Ballantrae and Loch Ryan in the south. Approximately 70% of the population live in the towns of Troon, Prestwick, and Ayr. The rest of the population live in Maybole and Girvan and rural Kyle and Carrick. The population of South Ayrshire is estimated to be 112,550 people. South Ayrshire is divided into six locality areas to ensure service are delivered in local communities according to their needs.

South Ayrshire Alcohol and Drug Partnership (ADP) was established in August 2009 following the publication of 'A New Framework for Local Partnerships on Alcohol and Drugs' which proposed that ADP's should be established in each locality area, firmly embedded in local planning arrangements. For South Ayrshire, the ADP was established as a thematic group of the Community Planning Partnership (CPP). In 2015, with the creation of Health and Social Care Partnerships (HSCP) the ADP was embedded within the HSCP while maintaining strong links to the CPP.

The ADP reports directly to the HSCP Integration Joint Board (IJB). The ADP also provides reports and inputs, as appropriate, to the Community Planning Partnership and Chief Officers Group, as well as links to a range of strategic partnerships including:

- Public Health Alcohol Health Harms Group
- Local Licensing Board
- Community Planning
- Children's Services Planning Group
- Community Justice Ayrshire
- Community Safety Partnership
- Health & Wellbeing Strategic Delivery Partnership
- Public Protection
 - Adult Protection Committee
 - Child Protection Committee

The ADP is underpinned by specific multiagency subgroups, most of which are jointly chaired by statutory and third sector representatives, and topic specific working groups, all of which report into the ADP. Individuals with lived experience and affected family members are represented and have the opportunities to participate across the ADP structure and the ADP has strong defined links to the local grassroots recovery charities and communities.

The current groups in the ADP structure are:

- Commissioning and Performance Management (CPM) Subgroup
- Recovery Orientated System of Care (ROSC) Subgroup
- Children, Young People and Families (CYPF) Subgroup
- Reducing Drug Related Deaths (RDRD) Subgroup
- Trauma Informed Services (TIS) Subgroup
- Stigma, Training, Engagement, Advocacy and Rights (STEAR) Subgroup
- Residential Rehabilitation Working Group
- One Stop Shop / Assertive Outreach Working Group

The ADP also have strong links to the Pan Ayrshire Drug Trends Monitoring Group.

A Pan Ayrshire Chairs / ADP Leads meeting has also been established to support Pan Ayrshire discussions including quarterly meetings with a focus on working together to reduce drug related deaths.

Our current strategy – Recovery is Reality: 2020 – 2024 was developed in partnership with individuals, families, and communities across South Ayrshire. Extensive consultation, influenced by a review of needs assessment, evaluation, self-assessment information, and identified local strategic priorities. Our Strategy is underpinned by an Implementation Plan and our ADP Subgroups are obliged to drive forward the actions within the plan and reporting on progress to the ADP.

Our activities contribute to the outcomes and activities detailed within the South Ayrshire HSCP Strategic Plan 2021 - 2031 and influence a range of local strategic plans including housing, justice, children services and the CPP.

We are responsible for the allocation of Scottish Government funding for alcohol and drug services in line with local and national priorities, ensuring our services are high quality, person-centred and support individuals to achieve their full potential. The HSCP Chief Finance Officer is a member of the ADP and the ADP Commissioning & Performance Management Subgroup.

Section 1: Strategic Planning

Quality Standard 1: The ADP has a Strategic Plan for delivery of identified outcomes

		Maintain	Explore	Develop
		We are confident that we are demonstrating this standard; we have evidence to support this, including stakeholder confirmation and need to maintain this focus overtime.	We currently partly demonstrate this standard and may need further development.	We do not fully demonstrate this standard currently and need to develop / discuss this further.
1.1	Transparency and Effectiveness			
1.2	Inclusion			
1.3	Planning Cycle			
1.4	Needs Assessment			
1.5	Whole System Approach			
1.6	Resources and Delivery			
1.7	Outcomes			

Q. How effective is your approach to Quality Standard 1?

1.1 Transparency and Effectiveness

The ADP has developed a robust range of processes to ensure transparency and effectiveness for the delivery of our strategic priorities including:

- the ADP Strategy 'Recovery is Reality: 2020 – 2024' was developed and approved by the ADP and the HSCP IJB.
- the ADP Strategy is published and is publicly available.
- the ADP has clear strategic linkages to a range of groups including the Integration Joint Board, Community Planning Partnership, Chief Officers Group (including Adult and Child Protection Committees), Children's Services Planning Group, Community Justice Ayrshire, Community Safety Partnership and Suicide Prevention Oversight Group.
- the ADP is committed to continuous improvement activities to enhance outcomes within the local population through learning review activities including evaluated pilots and test of change activities.
- the reporting arrangements through the Integrated Joint Board, Community Planning Partnership and Chief Officers Group, also provides scrutiny and accountability in terms of transparency and effectiveness of function.

1.2 Inclusion

The ADP is committed to ensuring inclusion and engagement of individuals affected by alcohol and drugs and their families, those who use services, those who deliver services and the local population by:

- ensuring individuals with lived experience and family members are embedded across the ADP structure and actively contribute to the ADP improvement journey and decision making.
- removing potential barriers to involvement or engagement by adopting a range of methods to encourage participation including online surveys, discussion groups and larger scale events.
- funding and supporting those with lived experience, providing opportunities to enhance their education and future employment prospects in the sector.
- ensuring those with lived experience are represented and contribute to the workstreams of the ADP and commissioned services.

- ensuring representation on local community planning groups.
- undertaking a range of consultation activities to inform the development of our Strategy.
- ensuring information about the ADP and local services is publicly available across conventional and social outlets.
- undertaking consultation and engagement activities to inform learning review and improvement activities.
- undertaking equality impact assessments processes, ensuring the needs of the South Ayrshire communities are met.
- ensuring the ADP Strategy aligns to other statutory plans / priorities for individuals and families at risk due to alcohol or drug use.

1.3 Planning Cycle

The ADP has processes in place to demonstrate the adoption of strategic planning cycle including:

- the collation of needs assessment information.
- the commissioning of an independent research consultancy to undertake an ADP Learning Review that includes an impact / outcome review of ADP funded services and their effectiveness to deliver national and local drugs and alcohol policies.
- commissioning in line with local and national strategic priorities and need.
- a minimum six-monthly reporting on outcomes and outputs at an ADP and service level.
- utilising a range of evaluative tools and methods to consider impact.
- ensuring our strategic planning considers primary, secondary, and tertiary prevention.

1.4 Needs Assessment

The ADP recognise the importance of having a clear understanding of local needs that informs the commissioning of local services and supports and adopts a range of processes including:

- working in partnership with the local Information Statistics Analysts (ISA) and Public Health colleagues to undertake local needs assessments for children and young people, and adults affected by alcohol or drug use.

- reviewing ADP services monitoring reports, including waiting times information, to understand service level activity.

1.5 Whole System Approach

The ADP recognises that problematic substance use rarely occurs in isolation. To reduce the harm caused by alcohol and drug use and to support people into long term sustained recovery, we need to consider a wider range of fundamental issues such as positive mental health, good quality housing, reducing poverty and tackling inequalities. We are committed to working more effectively together, as part of a whole system approach, to improve outcomes for individuals, families, and communities.

To support this ambition the ADP ensures:

- our Strategy is based on local and national priorities, is evidence based and aligns with the delivery of our local services.
- the ADP membership is broad including representatives from across the HSCP (including mental health, justice and children and family services, NHS (including Public Health) and Local Authority Services (including housing and homelessness and education), Police Scotland, Scottish Fire and Rescue, our third sector services and the local recovery community.
- the ADP priorities are communicated to other strategic planning partnerships e.g., Integration Joint Board, Community Planning Partnership, Chief Officers Group (including Adult and Child Protection Committees), Children's Services Planning Group, Community Justice Ayrshire and the Community Safety Partnership.
- the ADP also has effective working arrangements with the Housing 1st Core Group.
- the ADP ensures that the partners who make up the membership are well informed as to the strategic direction, aware of the plans to deliver on local and national priorities and have time and permission to scrutinise and question the local approach, ensuring that the delivery of services is authentically reflective of the whole system.

1.6 Resources and Delivery

The ADP has processes in place to ensure annual resources are in place including:

- the multiagency Commissioning and Performance Management (CPM) Subgroup (which includes ADP Subgroup Chairs, Public Health, Justice and Housing) is remitted to oversee the implementation of the ADP strategy and to make

recommendations for funding to the ADP in line with local strategic priorities.

- an annual funding allocations paper is considered and approved by the ADP and IJB.
- the ongoing development of collaborative working and joint commissioning with children's services, through collaboration with the Children Services Planning Group.

1.7 Outcomes

The existing ADP strategy 'Recovery is Reality: 2020 – 2024' incorporates the outcomes and priority actions detailed in Rights, Respect and Recovery and the Alcohol Framework 2018: Preventing Harm.

In late 2020 the ADP recognised they were in a period of change and reflection. We were adapting and flexing our services and support in response to COVID 19. At the same time, we continued to adapt and align our priorities and partnership working in line with the emerging Ministerial Priorities for the national drug mission.

Given this shifting context, the ADP identified the opportunity to deliver a fresh approach to evaluation to increase our understanding of the difference our work is making in terms of supporting better outcomes for those who access services and how we develop collaborative practices with other key elements within the South Ayrshire system. Consequently, the ADP independently commissioned a Learning Review process that has provided us with an evidence base to measure and re-align our commissioning plans moving forward.

The existing ADP Strategy is currently being refreshed to incorporate the findings from the Learning Review activities and to incorporate the new National Drug Mission Drug Mission Outcomes Framework. A new strategic and service level performance framework is also being developed and progress against strategic outcomes will be reported on regularly to the ADP and IJB.

Q. How do you know this?

The ADP has spent considerable time examining how effective it is in achieving a range of national and local outcomes through the ADP Learning Review, including a Process Evaluation and an Impact / Outcomes evaluation. We asked service users and ADP partners about their experiences of accessing ADP funded services and found:

What we know at an individual level

- where personal experiences are concerned - ADP projects and services have performed well.
- case studies of individual impact showed alignment with micro-level outcomes relating to engaging people at risk to positive environments and people leaving services with positive outcomes.
- areas of strength include outcomes related to reducing the often-complex coexisting issues related to harmful substance use, increasing the use and availability of advocacy, reducing risk for people who take harmful substances, and implementing support for young people.
- the focus on trauma-informed support and person-centred care demonstrates that impact for service users is measurable, and the ADP is broadly performing at the individual level.

What we know at a service-level

- services analysed are in alignment with the ethos of the ADP and have a positive impact for those they support.
- there is evidence of services positively working at an individual and communities' level.
- services adopted a holistic approach to working with individuals and families.
- efforts have been made to close the gap between different service providers.

What we know at a community / system-level

- the strongest evidence of impact is drawn from projects engaging in peer-to-peer support, where there has been a reduction in negative outcomes for service users. Evidence demonstrates the positive role of such an intervention, where an emphasis is placed on effective communication in peer support groups - with the involvement of friends, family members or carers.
- referrals and caseloads are increasing across services.
- the evidence has shown the ADP to be effective in providing support to individuals seeking drug and alcohol treatment services in South Ayrshire.

The Learning Review also identified outcomes where there was less evidence of impact due to the current performance management arrangements and data available.

Q. What do you want to maintain, improve or change, how will you do it and by when?

The ADP will continue to maintain its inclusive, transparent and improvement processes as core practice. In addition, the ADP has agreed to a number of actions to improve our strategic planning:

- moving from partnership to increased collaborative practice enabling the ADP to deliver its key outcomes.
- skills development training for ADP partners, alongside guidance and resources promoting the ADP to the wider South Ayrshire system.
- development of a refreshed ADP website.
- continuing to strengthen links with every part of the system locally with relevance to the work of the ADP, the collaboration with the Children Services Planning group as an example.
- review the membership and structure of the ADP, along with the remits of the Subgroups ensuring the ADP can meet the breadth and scope of the work of the ADP in line with the local and emerging national priorities.
- a refresh of the existing ADP Strategy to take account of the ADP Learning Review and new ADP Change Story.
- ensuring our strategy is clear in our approach to primary, secondary and tertiary prevention.
- ensuring our strategy considers the key learning and recommendations from the HSCP Adult Social Work Review and local reviews of suspected drug related deaths.
- the development of a new Performance Framework and a strategic and service level linked to operational specifications demonstrating that investment is contributing to the delivery of outcomes.
- ensuring a Health Impact Assessment is completed as part of the refresh of the ADP Strategy.

All of the above actions will be progressed during 2022 / 2023.

Any further comments?

Section 2: Financial Governance

Quality Standard 2: The ADP can demonstrate public money is used to maximum benefit to deliver measurable outcomes for the local population in delivery of its Strategic Plan

		Maintain	Explore	Develop
		We are confident that we are demonstrating this standard. We have evidence to support this, including stakeholder confirmation and need to maintain this focus over time.	We currently partly demonstrate this standard and may need further development.	We do not fully demonstrate this standard currently and need to develop / discuss this further.
2.1	Investment			
2.2	Governance			
2.3	Accountability			
2.4	Reporting			
2.5	Financial Planning			

Q. How effective is your approach to Quality Standard 2?

2.1 Investment

The ADP Commissioning & Performance Management (CPM) Subgroup is remitted to recommendations to the ADP for the utilisation of funding in line with local and Scottish Government strategic priorities.

The CPM Subgroup includes the Joint Chairs of each ADP Subgroups, the ADP Chair, HSCP Chief Finance Officer, and representatives from housing, public health and justice.

The ADP is responsible for investment of:

- all funding allocated to the ADP by the Scottish Government.
- integration authority and South Ayrshire Council funding for third sector alcohol and drug services.

Investment and re-alignment of funding is based on analysis of need and in line with evidence-based improvement activities identified by the ADP. Decisions are made on a partnership basis.

2.2 Governance

The ADP has developed the following process in terms of financial governance:

- the ADP remits the CPM Subgroup to:
 - ensure there is a multiagency partnership process in place for the allocation of funding, and commissioning of services (including Pan-Ayrshire services).
 - make recommendations to the ADP for utilisation of funding in line with local strategic priorities.
 - monitor and keep under review the financial spend against the agreed budget and, where significant variance occurs, make recommendations to the ADP on appropriate remedial actions.
 - ensure the ADP adheres to financial management and accountability arrangements of host financial departments.
 - review applications for external funding which require ADP approval and make recommendations to the ADP

for endorsement.

Following approval by the ADP of the proposed annual funding allocations, the ADP seeks approval for investment from the IJB.

2.3 Accountability

The ADP and Integration Authority have accountability processes in place to ensure all funding allocated to NHS Boards for onward delegation to ADPs is available to the ADP.

The ADP also has accountability for integration authority and South Ayrshire Council funding for third sector alcohol and drug services ensuring this is transparently and appropriately dispensed.

2.4 Reporting

The ADP has processes in place in relation to financial reporting including:

- The HSCP Chief Finance Officer is a member of the ADP and the ADP Commissioning and Performance Management Subgroup.
- The ADP Lead Officer meets quarterly with South Ayrshire Council finance colleagues in relation to ADP spend.
- There is regular financial reporting to the ADP CPM Subgroup and the ADP itself highlighting projected variances.
- ADP provides quarterly and annual financial report to the Scottish Government.
- The ADP proposed annual funding allocations and end of year statements submitted and approved by the IJB.

2.5 Financial Planning

The ADP currently allocate funding across a range of areas including prevention and early intervention, recovery-oriented system of care services, and children, family, and justice services.

The ADP recognises the new Commissioning Plan should explore ways to develop collaborative planning and commissioning, while increasing activity in relation to prevention and early intervention recognising that our wider strategic partnerships all have a part to play in reducing alcohol and drug related harm.

While the ADP welcomes the recent increase in funding in relation the national drug mission, the current year to year cycle of funding allocated by the Scottish Government to ADPs, and timeframes for confirming funding, makes long term commissioning challenging and the ADP would welcome a return to a three-year (or longer) planning cycle.

Q. How do you know this

The ADP Learning Review demonstrated that:

- The majority of ADP funding (over three-quarters) is directed towards services which are linked to the strategic priority of Embracing Recovery Orientated Systems of Care (ROSC). The ROSC category encompasses several of the highest-funded ADP services, including statutory and third sector. However, several of the services included in this category also have relevance to one or more of the ADP's other strategic priorities, such as Embracing Prevention and Early Intervention.
- On the basis of an analysis of the ADP outcomes towards which the most 'relevant spending' was allocated by the ADP in the 2020-21 financial year, it was also found that the four outcomes linked to the most relevant spending during the 2020-21 financial year are each associated with the overall strategic priority of ROSC.
- Following these, the four outcomes with the next most 'relevant spending' are drawn from across the strategic priorities of Embracing Prevention and Early Intervention and Getting It Right for Children, Young People and Families.

This analysis is useful for the ADP to establish a shared understanding of the total investment of resources in the prevention of harm and reducing inequalities from alcohol and drugs across the local system.

Based on the evidence collected from the Learning Review, the greatest impacts can be seen where the most money is being spent. Most impact reports analysed are drawn from the 'Embracing Recovery Orientated Systems of Care' theme, where the evidence is strongest. Across the case studies provided of individuals accessing treatment and recovery services, the evidence suggests that several national level outcomes are being met.

Q. What do you want to maintain, improve or change, how will you do it and by when?

The ADP will continue to build upon its approaches and embed the recommendations from the ADP Learning Review including developing a new ADP Commissioning Plan, ADP Performance Framework and management system (at a strategic and service level with performance reporting linked to service specifications) and these areas of work are being progressed in 2022 / 2023.

The ADP has agreed that the new Commissioning Plan should include the values of ethical and collaborative commissioning to support the ADP Change Story.

The new Performance Management system will include an evaluation framework which aims to make the process of collecting data simpler and more straightforward and in line with ADP outcomes, and to create a culture where monitoring and scrutiny are seen as an opportunity for service improvement.

The ADP and partners will also consider processes for the oversight of funding for alcohol and drug services which currently does not fall under the remit of the ADP.

Any further comments?

The new ADP Commissioning Plan should:

- include the values of ethical and collaborative commissioning with the approach of transparency and an openness to influence from all stakeholders, including people who use services; a rights-based and participative approach to the design and redesign of services; and commissioning decisions which seek to encourage cooperation and collaboration between providers of services, as opposed to competition.
- support the delivery of the ADP Change Story, which captures the ambitions, views and experiences of ADP partners and those who use ADP services and is guided by key local and national strategic documents.
- acting as a key mechanism for turning these ambitions and principles into reality in South Ayrshire, through the commissioning of creative, compassionate, and collaborative services.
- recognising the importance of strong, trusting relationships between partners as a key value and guiding principle, giving people and organisations the confidence to innovate, and be empowered in seeking to achieve the ADP's ambitions.

The new Performance Management system should incorporate several key characteristics including:

- developing an evaluation framework which makes the process of collecting data simple and straightforward for ADP services, incorporating new and easy to complete monitoring templates.
- services should be gathering data which helps them understand their impact for future planning, utilising the monitoring and evaluation tools which are best suited to the kinds of outputs, outcomes and activities they are trying to capture.
- monitoring templates should be co-produced with ADP partners as much as possible to help formalise a consistent level of performance over time with regards to key activities and outcomes and increase clarity with regards to the expectations of ADP commissioners around service delivery in these areas.
- the new performance management system should aim to create a culture in which monitoring is seen less as an obligation and more as an opportunity for services and commissioners to use data in a purposeful way to evaluate impact and plan for the future. Services should feel more confident that they are collecting data that is meaningful to them and that truly reflects their activities and impacts, while ADP commissioners should be able to quickly and easily access information and evidence that helps them to think about how best continual.

Section 3: Quality Improvement

Quality Standard 3: The ADP can demonstrate Quality Improvement in delivery of outcomes

		Maintain	Explore	Develop
		We are confident that we are demonstrating this standard. We have evidence to support this, including stakeholder confirmation and need to maintain this focus over time.	We currently partly demonstrate this standard and may need further development.	We do not fully demonstrate this standard currently and need to develop / discuss this further.
3.1	Methodology			
3.2	Reporting			
3.3	Sustainability			

Q. How effective is your approach to Quality Standard 3?

3.1 Methodology

The ADP continues to embed underpinning quality improvement methodology to its work including:

- ensuring evaluation frameworks are embedded from the outset of pilot activities.
- including evaluation and quality improvement approaches in service level monitoring templates.
- committing to deliver a range of learning opportunities and workshops for partners as one of the recommendations from the ADP Learning Review activities.

3.2 Reporting

The ADP has a range of processes in place to report on the impact of improvement activities including:

- evaluation and test of change reports are considered by the ADP and related subgroups.
- key learning being utilised to inform the future commissioning of services and supports.

3.3 Sustainability

The ADP has processes in place to consider the key learning from improvement activities including:

- key learning informs the future commissioning of services and the development of service specifications, and service improvements in existing services.
- the ADP Learning Review activities will inform the new ADP Commissioning Plan.
- Nationally the Scottish Government has recently benchmarked ADP areas in relation the implementation of the Medication Assisted Treatment Standards (MAT).

Q. How do you know this?

In the last two years the ADP has undertaken a range of activities to better understand areas for development and improvement in line with local and emerging national priorities.

The ADP Learning Review was a central part of developing that understanding. For example, knowing there needs to be improvement in adopting whole family approaches, more assertive outreach into the community, rapid referral pathways for people experiencing a near-fatal overdose and improved referral pathways for young people.

Several pilots, evaluations and tests of change have been designed and delivered to improve the quality of the ADPs work including:

- Connect4Change Pilot – a multiagency and multiagency intensive support and assertive outreach model to support individuals disengaging from core alcohol and drug services or who are coming to the attention of emergency services due or have experience a near-fatal overdose.
- Residential rehabilitation – a scoping and research study to develop a suitable model for South Ayrshire to support people to access funded residential rehabilitation placement in a way which is evidence based.
- Whole Family Approach – mapping and test of change activities in line with the new Scottish Government Framework.
- One Stop Shop – research and scoping study to develop a model to ensure all services are accessible across South Ayrshire.
- Support for Children and Young People – mapping and test of change activities to remove barriers and provide direct referral routes from secondary schools to services for young people affected by their own or others substance use.
- HMP Kilmarnock Navigator Pilot – adapting the hospital-based Navigator model into a prison setting, providing support prior to liberation and when returning the community.
- MAT 1 – small scale test of change to implement same day access to MAT.

The ADP has developed a process for reviewing all suspected drug related deaths in South Ayrshire and the key learning from the reviews and considered as part of ongoing improvement activities.

The key learning from these activities is informing the development of services and support and the new ADP Commissioning Plan.

Q. What do you want to maintain, improve or change?

The ADP Learning Review and activities described above have identified a number of areas of work for the ADP to strengthen its quality improvement approaches which will be progressed in 2022 / 2023 including:

- Improving the systematic use of data and evidence to inform the work of the ADP.
- The development of a new ADP strategic and service level performance framework linked to service specifications and reporting arrangements.
- Sharing the work of the ADP and the difference it is making with individuals who access our services, our ADP members and wider strategic planning partners and the local community.

Any further comments?

Section 4: Governance and Oversight

Quality Standard 4: The ADP can demonstrate appropriate Governance and Oversight in delivery of the Strategic Plan

		Maintain	Explore	Develop
		We are confident that we are demonstrating this standard. We have evidence to support this, including stakeholder confirmation and need to maintain this focus over time.	We currently partly demonstrate this standard and may need further development.	We do not fully demonstrate this standard currently and need to develop / discuss this further.
4.1	Oversight			
4.2	Governance			
4.3	Risk Management			
4.4	Accountability			

Q. How effective is your approach to Quality Standard 4?

4.1 Oversight

The ADP involves a wide range of representatives from statutory and third sector organisations, including representatives with lived experience and affected family members.

The ADP structure includes a range of topic specific multiagency subgroups who are remitted to take forward actions within the ADP Implementation Plan (IP). The IP template details key priorities identified in the ADP Strategy, along with actions to be progressed, timescales, resources required and lead partners.

The ADP Subgroups provide brief quarterly updates on progress and six-monthly IP updates to the ADP.

The ADP CPM Sub Group includes the Joint Chairs of all ADP Subgroups and is responsible for overseeing the Strategy and reporting on progress.

The ADP has recently built on existing mechanisms for embedding the views of individuals and families with lived experience by establishing the ADP Stigma, Training, Engagement, Advocacy and Rights (STEAR) Subgroup. Included in the groups remit is ensuring individuals with lived and living experience (including family and carers), are involved in the work of the ADP including the review and development of services and act as the ADP Lived Experience Panel, and governance and oversight of the MAT Improvement Plan.

The ADP is represented on a range of local strategic partnerships and is committed to developing collaborative working arrangements e.g., jointly planning and commissioning services and supports with the Children's Service Planning Group.

4.2 Governance

The ADP has a range of governance and oversight processes in place including:

- All groups within the ADP Structure have a Terms of Reference clearly detailing the role and remit of the group as well as partners represented on the group.
- The current ADP Strategy includes an ADP structure chart outlining the relationship of the ADP to the Integration Joint Board and groups within the Community Planning Partnership and Chief Officer Group structures.
- Reporting processes allow areas of concern to be discussed and escalated if required.
- There is process in place for the ADP Chair to escalate and progress discussions with local partners / responsible officers when a priority is not being delivered and a process in place to ensure ADP contribution to aligned plans is being progressed.
- The ADP is represented on a range of local strategic planning partnerships and works to ensure the ADP priorities are embedded within other strategic plans.

4.3 Risk Management

The ADP has a range of Risk Management processes in place including:

- an overarching Implementation Plan (IP) details key priorities in relation to the delivery of local and national priorities, along with actions to be progressed, timescales, resources required and lead partners. Each ADP Subgroup is responsible for specific actions in the IP. The ADP Subgroups provide brief quarterly updates on progress and 6 monthly IP updates to the ADP.
- the ADP Commissioning & Performance Management Subgroup is responsible for overseeing the ADP Strategy and identifying any risks to the ADP with proposed remedial actions.
- ADP funded service submit, as a minimum, six-monthly monitoring, and evaluation reports in line with service specifications, along with monitoring meetings. Any concerns or risks are identified and discussed with providers, with

updates and proposed remedial actions provided to the CPM Subgroup for consideration and escalation where required.

- the HSCP have a Strategic Risk Register which is overseen by the HSCP Performance and Audit Committee. The ADP can utilise this process to highlight and escalate areas of strategic risk.

4.4 Accountability

The ADP has clear accountability arrangements in place to appropriate Chief Officers including:

- the Chief Social Work Officer is also the Chair of the ADP.
- clear reporting links are in place to the Chief Officers Group and reports are provided as required identifying areas of concerns, proposed improvement actions and progress.
- the ADP Implementation Plan is clear on the leads for appropriate ADP priorities.
- a local process for reviewing all suspected drug related deaths in South Ayrshire and identifying appropriate improvement actions.

Q. How do you know this?

The recently completed ADP Learning Review provided evidence-based insights in relation to how well placed the ADP is through its governance and oversight including:

- the ADP is a complex partnership, with over one hundred individuals / partners.
- the ADP strategic ambition is reasonably well understood by partners.
- there is strong leadership and coordination within the ADP.
- there is effective governance overall.
- there is ambition for those affected by alcohol and drug misuse.
- there is a willingness to come together as a partnership as evidenced by good attendance at ADP and Subgroup meetings.
- there is an over-reliance on the ADP coordinator and more work needs to be taken up by partners.
- the format of ADP meetings may benefit from being reviewed to provide more dedicated time for in-depth discussions on

specific areas of work.

- use of data to inform decision making is good but could be improved upon.
- communication between the partnership is good but more could be done to 'own our space'.

The ADP has a strong commitment to organising awareness raising events and recovery activities and will continue to work with partners and the recovery community to drive this work forward.

Q. What do you want to maintain, improve or change, how will you do it and by when?

Areas for development identified in the ADP Learning Review for improvement include:

- as an ADP we need to be clear about what we are about, we need to communicate our Change Story, to celebrate good practice and raise awareness of the wide range of support available across South Ayrshire, including the positive impact upon people's lives to internal and external groups. This includes a new ADP website and a range of embedding learning events, workshops and training.
- as an ADP we seek to organise Strategic Information sessions with key stakeholders including the Recovery Community, Community Planning Partnership, Integration Joint Board, Children's Services Planning Group and the Scottish Government. We will also continue contribute to the development local and national and strategies and frameworks e.g., the National Missing Persons Framework.
- we recognise the shifting national priorities and that the role and remit of ADP Subgroup may need to be reviewed. The review should ensure the Terms of Reference and detail how decisions are made, issues and disputes are resolved, and conflicts of issues managed.

The Risk Management processes for the ADP would benefit from being reviewed to ensure be able to demonstrate how failure is reported, analysed and learning facilitated.

These areas of work will be progressed during 2022 / 2023.

Any further comments?

Section 5: The Relationship Between the ADP and the Integration Authority

Quality Standard 5: The work of the Integration Authority and the ADP is aligned, and the Integration Authority is able to provide Directions to partners in support of the ADP Strategic Plan.

		Maintain	Explore	Develop
		We are confident that we are demonstrating this standard. We have evidence to support this, including stakeholder confirmation and need to maintain this focus over time.	We currently partly demonstrate this standard and may need further development.	We do not fully demonstrate this standard currently and need to develop / discuss this further.
5.1	Alignment and Governance			

Q. How effective is your approach to Quality Standard 5?

5.1 Alignment and Governance

The ADP and Integration Joint Board (IJB) have strong partnership working arrangements in place including:

- the work of the ADP is reflected in the objectives for South Ayrshire Health & Social Care Strategic Plan 2021 – 2031.
- alcohol and drug services are commissioned and delivered in line with the ADP strategy.
- the ADP provides regular reports to the IJB on its activities and strategic priorities and take topic specific papers to the IJB as required.
- the IJB provides governance, scrutiny and oversight arrangements for the ADP.
- recognised business processes are in place for the ADP taking investment and strategic plans to the IJB for ratification.
- the IJB processes allow decisions and directions to be communicated to South Ayrshire Council and NHS Ayrshire & Arran.
- processes to ensure decisions and directions are communicated to out with the scope of the IJB e.g., Community Planning Partnership, Children’s Services Planning Group and Chief Officers Group.
- the ADP contributes to the IJB annual performance report.
- the IJB supports the ADP with governance arrangements to support the deployment of resources in line with local and national strategic priorities.

Q. How do you know this?

The ADP is Chaired by the Chief Social Work Officer and includes senior representatives from across the Health and Social Care Partnership (HSCP). HSCP services are represented across the ADP structure with Managers acting as Joint Chairs of two ADP Subgroups.

To date in 2022 the ADP has provided inputs and papers to the IJB in relation to the ADP Learning Review (providing an overview of the key learning for the ADP Learning Review activities outlined above and the next steps with the Learning Review) and the ADP budget allocations paper. Inputs are planned between September and November in relation to the ADP Self-Assessment, MAT Standards Improvement Plan, ADP Self-Assessment, and the ADPs ongoing work in relation to the National Drug Mission.

The IJB Chief Officer provides support and guidance to the ADP Chair and Lead Officer, for example, ensuring the governance and oversight processes are in place for approval of the MAT Standards Improvement Plan and ADP Self-Assessment.

The HSCP Chief Finance Officer is a member of the ADP and the ADP Commissioning & Performance Management Subgroup.

The ADP and HSCP jointly commission several third sector services, which includes HSCP and ADP funding.

Q. What do you want to maintain, improve or change, how will you do it and by when?

The ADP are currently developing a new strategic and service level evaluation and performance framework which will be completed by March 2023. This will include discussions and agreement on the appropriate performance information to be reported to the IJB Performance and Audit Committee strengthening the governance and oversight arrangements between the ADP and IJB.

Any further comments?

Section 6: Self-assessment Sign Off and Ratification

This Self-Assessment of Partnership Delivery Framework is agreed and ratified by:

Senior System Stakeholders
ADP Lived Experience Stakeholder/s / Representative
Chair of the Alcohol and Drug Partnership
Chair of the Community Planning Partnership
The Chief Executive of the Local Authority
The Chief Executive of the NHS Board
Director of Public Health
The Chair of the Integration Joint Board
The Chair of the Chief Officers Group
Divisional Commander for Police Scotland
Chief Executive of Third Sector Interface
The Chief Officer of the Health and Social Care Partnership