

**SCOTTISH EXECUTIVE GUIDANCE
NOTES: COMPLETION OF CORPORATE
ACTION PLANS 2007-8**

Timescale

Completed Alcohol and Drug Action Team (ADAT) Corporate Action Plans (CAPs) for 2006-7 should be e-mailed to: CAPS@scotland.gsi.gov.uk by **Friday 18 May 2007**. You are asked not to submit incomplete CAPs to the Executive.

If, for any reason, there will be a delay in the return of your CAP please contact the Scottish Executive to ask for an extension of the deadline and to provide a date for when the CAP will be available.

ADATs should be aware that the Executive plans to link the return of the CAPs to the release of funding. Any unexplained delays in returning the CAP may result in a delay in the release of your funding allocation.

A hard copy of the CAP, signed by the ADAT Chair and key partners, should be sent to:

Erin Elvin
Safer Communities Division
Justice Department
Scottish Executive
1WS
St Andrew's House
Edinburgh
EH1 3DG

by **Friday 1 June 2007**.

Template

Following consultation with a small working group of ADAT co-ordinators in December 2006 – February 2007 the CAP template has been revised. Due to the 2006-7 ADAT stock-take it is has not been feasible to make substantive changes to the template. Instead this template has been streamlined to better address the needs of the Scottish Executive and ADATs.

Additional rows may be added to any of the tables in the CAP as required. If you wish to use additional space, please ensure that any new section or paragraph is on one page.

Please describe any acronyms in full the first time they are used in the CAP. ADATs are reminded that CAPs are public documents and should be accessible to all relevant interests.

Targets

The Updated Plan for Action on Alcohol will be published early in 2007 and the National Drugs Strategy is currently being reviewed. These will form the basis for the revision of the CAP targets. Until these have been developed the existing National Targets have been extended for a further year.

Questions

If you have any questions about the guidance please contact Erin Elvin tel: 0131 244 3562 email: Erin.Elvin@scotland.gsi.gov.uk or Fiona Campbell tel: 0131 244 3516 email: Fiona.Campbell2@scotland.gsi.gov.uk .

Section A: Alcohol and Drug Action Team details and support funding

A.1. ADAT Details

A.1.1 ADAT Members

List the ADAT members for 2006-7. You should include: their full name, designation (job title), the organisation they represent, and note any ADAT working groups or subgroups they are a member of. Members are those organisations or individuals who are a formal part of the decision making process and would include sub-groups.

A.1.2 ADAT Subgroups and Working Groups

List the ADAT's subgroups and working groups for 2006-7. You do not need to provide a description of the remit or work of the group as this should be reflected in the SMART objectives under section D of your CAP.

A.1.3 ADAT Partners

List any partners who have supported the work of the ADAT in 2006-7 and/or aided decision making. You are asked to note organisations and not individuals whenever possible. You do not need to provide a description of the partner or the work the partners have been involved in. This should be reflected in section D of your CAP. Please remember to spell out any acronyms used. This section can be used to demonstrate the range of organisations and individuals which the ADAT works with to drive their activity forward.

A.2 Support Funding

A.2.1 Total Support Allocation

Note the ADAT's support funding allocation for 2006-7, please include whether there was any carry forward from 2005-6, and the resulting total.

A.2.2 Breakdown of Support Allocation Spend

Complete the table with the ADAT's expenditure for 2006-7. You do not need to provide a breakdown of costs, only a total for each category of spend. The categories of spend are as follows:

- **Salaries:** the total salary costs for the ADAT in 2006-7.
- **Staff costs:** this includes other staff costs excluding salaries. For example travel costs, recruitment costs, or any equipment purchased.
- **Forum/meetings:** this is the total cost of any ADAT member meetings or subgroup or working group meetings held over the year.
- **Seminars/conferences/events:** this should include the costs of any educational/training/consultation events attended by ADAT staff.
- **Training:** the costs of any training undertaken by ADAT staff, for example STRADA training courses.

- **Miscellaneous spending:** any other expenditure supporting the work of the ADAT.

There are 3 columns in the table. In the first column you should detail the amount of Scottish Executive Support funding spent for each category of spend. Where support funding has been supplemented by additional funding provided by other sources, e.g. to cover salary costs, please show this additional funding in the second column. The final total spent under each category in 2006-7 should be noted in the third column.

A.2.3 Other Ring-fenced Funding

This table should include any other funding streams provided to the ADAT by the Scottish Executive to support its work. In 2006-7 some ADATs bid for Communications Funding. Where the ADAT has received this allocation, please note the total allocation received and the amount spent in 2006-7.

Section B: Allocation of Resources and Provision of Services

This section will allow the Scottish Executive to understand how the ADAT informs its decision making and how it prioritises its planned actions. It will also enable the Executive to gain a broad picture of how local need varies across Scotland.

B.1 ADAT key priorities

List the local priorities for 2006-07 identified by the ADAT. These do not need to be identical to the National Priorities.

B.2 Local strategies considered when allocating resources

List the local strategies published within the last 3 to 5 years which influence the ADATs decision making processes. This could include any local NHS Board strategies, any Local Authority strategies, any plans developed by the ADAT and its partners etc. You **do not** need to provide a description of these plans and strategies. If the Executive would like to see further information on any of the strategies listed, it will request a copy of the document.

B.3 Needs Analysis

The Executive encourages evidence based decision making when allocating resources.

In this table list any needs analysis undertaken by the ADAT and/or its working groups and subgroups. Provide a brief summary of the key findings.

Descriptions of the key findings should be kept as short as possible, ideally around 25 words in length. For example, ‘there is a high proportion of homeless drug users in the area, leading to a strain on the capacity of outreach needle exchanges’. You do not need to describe any key actions resulting from the findings. These should be reflected in section D of your CAP. The Executive may ask to view a copy of the report of any local needs analysis listed.

B.4 Other factors influencing the allocation of resources

The Executive is aware that ADAT decision making can be influenced by local factors other than those listed in B.2 and B.3 of the CAP. If appropriate complete this section with a summary of any other factors influencing the allocation of resources by the ADAT. You should keep your description to around 25 words in length wherever possible, for example, 'Recent reports on the dangers of methadone has led to a local campaign to educate substance misusing parents on the safe storage of methadone and dangers of methadone to children'.

B.5 Planned Needs Analysis

To ensure that decisions made by the ADATs are informed by up to date information, the Executive encourages ADATs to continuously analyse local need in their area. Please list any needs analysis planned for 2007-8 and their estimated timescales. You **do not** need to provide a detailed description of the needs analysis.

Section C: Support & Treatment Tables

Following on from the CAP workshops held in November/December 2005, the treatment tables shown in Section C were amended to allow for the reporting of actual and projected levels of performance, on a service by service basis, across both drugs and alcohol.

You are asked to provide performance projections on a service by service basis under the headings of new and active clients; number of attendees and number of planned discharges. This information will be used by the Executive to indicate at the beginning of each financial year the numbers expected to access, remain and flow through the range of services within each ADAT locality.

The support and treatment tables are:

- **Table 1** should be used to record actual performance for the period April 2006 – December 2006 and reflect **total** annual spend information for each service listed;
- **Table 2** should detail the actual or projected performance outturn for January to March 2007. We recognise that full year actual figures may not be available when the CAP is being completed. Actual figures should be provided wherever possible and if projected figures are used these should be clearly identified.
- **Table 3** should be used to provide details on the projected level of performance for 2007-08 on a service by service basis across the headings shown.

Section D: ADAT Progress

This is one of the most important sections in the CAP. The Executive uses the information in this section to:

- Monitor progress against national priorities;
- Identify best practice for different priorities;
- Inform Scottish Ministers about local services and projects in your area;
- Provide feedback on progress against national priorities to Ministers, MSPs and key stakeholders, for example the Scottish Advisory Council on the Misuse of Drugs; and
- Note the key planned actions for each ADAT area for future planning purposes.

ADATs are encouraged to provide information as succinctly as possible and to remember that the CAP is a public document and should be accessible to all relevant interests.

D.1.1 Performance

ADATs should show progress, for either calendar or financial years against national priorities and their targets over the past 5 years, by providing suitable performance indicators in this section. The NHS Information Services Division (ISD) provides comprehensive guidance on available national statistics which ADATs can use. ADATs can also use local surveys and data sources.

ADATs are encouraged to provide performance indicator statistics in the table provided. The Executive will not accept performance data provided outwith these tables, for example, in graphs or tables copied directly into the CAP from different sources, as it may be difficult to compare these on a year on year basis.

The ADAT should provide the source for all data used as a performance indicator.

ADATs are encouraged to use the same performance indicators as those provided in the 2006-7 CAP. In addition the ADATs should consider any comments made about their performance indicators provided in their 2006-7 CAP feedback.

D.1.2 Key achievements in 2006-7

Using the SMART objectives planned for 2006-7, as described in the 2006-7 CAP, ADATs are asked to report on their achievements. A definition and example of a SMART objective has been provided in the template to aid the completion of this table. Objectives which have been carried over from previous years and not originally in SMART formats should be re-drafted to become SMART.

Any objectives **must** be related to the national priority under which they are described.

Mark on the table, by ticking the appropriate box, whether the objective was achieved, not achieved, or ongoing/partially achieved. Where the objective has been achieved, or ongoing/partially achieved, please describe the impact that meeting the objective has had at a local level in the appropriate column. Where possible this impact should be measurable and evidenced.

Where the objective has not been achieved or is ongoing/partially achieved complete the final column, describing why the objective was not achieved within the timescale and whether the ADAT plans to implement this objective in 2007-8. For example:

Briefly summarise the key achievements in 2006-7					
SMART objective for 2006-7 (taken from 2006-7 CAP)	Was this achieved? (please tick)			Impact at local level	Reason(s) why objective not achieved
	Yes	No	Ongoing/partially		
Homelessness service to provide first aid training to 20 clients by March 2006. Clients to provide feedback on training through a brief questionnaire			√	Feedback from clients showed they enjoyed the course and had a greater awareness of First Aid. Two clients recommended the course to their friends.	Only 10 clients agreed to take part in the course out of 30 approached. Following positive feedback 13 more clients have expressed an interest and the course will be run again in May 2007.

D.1.3 Other achievements/initiatives

Describe any additional achievements/initiatives undertaken in 2006-7 relating to the national priority that were not described in the original planned actions for 2006-7 in the 2006-7 CAP. Descriptions should be kept as short as possible, ideally around 25 words in length.

D.1.4 Planned action for 2007-8

Using the same SMART format used in section D.1.2, describe any key actions planned for this priority. You should include any actions not achieved in 2006-7 which you plan to undertake in 2007-8.

As ADATs do not always lead on work ongoing in their areas please note the lead organisation for the work in the appropriate column. Also, as some of the work undertaken can stretch over more than one year, please include a note of the timescales for the project. Where possible this should include any key milestones. For example:

Key actions for 2007-8		
SMART objective	Lead organisation	Timescales
Establish a new locality clinic in Scunthorpe by Jan 2008 to improve accessibility to local community and reduce waiting times to 2 weeks.	Scunthorpe Health Board	Identify location: Jun 2007 Building works: Aug-Oct 2007 Service Opens: Dec 2007 6 month evaluation of service: Jun 2008

Section E: Drug and Alcohol Spend

In this section you are asked to account for Scottish Executive funding. This is the monies detailed in your 2006-7 funding letter issued in June/July 2006. If you are unclear about what funding should be included in this section please contact the Scottish Executive. Where Executive funding has been supplemented by funding provided by other partner organisations you are asked to identify this.

The information should be supplied in the three tables provided, information supplied out with these tables will not be accepted:

- **E.1: Drug Specific Spend** – drug treatment allocation only. This table does not include Performance Contract funding which should be accounted for in section B of your CAP.
- **E.2: Alcohol Specific Spend** – this is your alcohol allocation only.
- **E.3: Combined Drug and Alcohol Specific Spend** – this is alcohol funding and drug funding which has been used to fund joint drug and alcohol services.

The Executive acknowledges that it is not always possible for the ADAT to provide all the information requested in this table, however, the ADAT should complete as much of table as possible. We recognise that there may be cases where there is an overlap between tiers. In such cases the ADAT should allocate spend against one tier but identify that the service cuts across a range, eg Tier 1-3. An example of a completed table is shown on page 9 of this guidance.

Where a table is missing information, the Executive may request the reasons for this.

Drug and Alcohol Spend table example:

NB: services and costs described are examples only

Tier 1-4	Category of Spend	Scottish Executive Allocation 2006-7	Allocation from Partner Organisation 2006-7	Partner Organisation e.g. NHS Board/Local Authority etc.	Breakdown of actual spend in 2006-7	Underspend/overspend to 31 March 2007 (£)	Projected Spend 2007-8
1	Health promotion advisor	20,000	10,000	NHS Board	30,000	0	30,000
2	Young peoples outreach service	8,000	0	n/a	9,000	+1,000	8,500
3	Substance misuse counselling service	3,000	10,000	Local Authority (Scunthorpe County Council)	11,000	-2,000	12,000
4	Scunthorpe Addicts Residential Detox service (3 beds)	5,000	15,000	Scunthorpe Addiction Service	20,000	0	20,000
	Total:	36,000	35,000		70,000	-1,000	70,500

Service Tiers:

- 1 Services for the whole community
- 2 Local services that identify and respond to people with substance misuse problems
- 3 Services for people with more complex needs
- 4 Services for people with highly specialised needs

Section F: ADAT certification of Corporate Action Plan

The ADAT Chair, NHS Chief Executive and Director of Social Work are required to sign the Corporate Action Plan to demonstrate that they jointly agree its contents, including key actions for 2006-7.

Definitions

Dedicated Drug and/or Alcohol Service	A service with dedicated workers or facilities for supporting alcohol and/or drug misusers where the focus of the intervention is on alcohol and/or drugs.
New Clients	An individual who is attending the service for: (a) the first ever time or (b) it has been at least six months since their last attendance at the service
Number of New Clients	The total number of 'new clients' as defined above attending each service during year ending 31 March 2006.
Active Clients	An individual for whom treatment and/or dedicated support is currently being managed in accordance with a care plan at the service.
Number of Active Clients	The number of 'Active Clients' as defined above attending each service during year ending 31 March 2006.
Total Attendances	The total number of attendances by individuals at each service for year ending 31 March 2006.
Number of Planned Discharges	Number of clients from each service who completed a treatment or support intervention, or moved from one treatment and/or support provider to another, in a planned way during year ending 31 March 2006.
Specific Groups	Potentially hard-to-reach and/or vulnerable groups of people with drugs and/or alcohol problems who may require specific action to attract them into dedicated drug and/or alcohol services. [The list is not exhaustive, but is based on the Priorities identified in <i>Scotland's Drug Strategy: Action in Partnership</i> and the <i>Plan for Action on Alcohol Problems</i>].

Dual Diagnosis	The co-existence of diagnosed mental health and substance misuse problems.
Equality Groups	Groups of people who reflect diversity in race, disability, sexual orientation, language, social origin or religion, and who may experience inequality or discrimination. [Scottish Executive's Equality Strategy]
Brief/Minimal Interventions	A short term strategy typically focussing on changing behaviour or increasing motivation to comply with therapy. Is usually directed at people who drink at harmful levels, but who are not severely dependent on alcohol, can also apply to drug misuse.
Crisis Management	An intervention designed to assist a client's recovery from an upset in their steady state through expert help.
Specialist Needle Exchange	Where facilities for needle and syringe exchange are available, either as part of a wider specialist service, or as a stand alone facility
Outreach Needle Exchange	Where facilities for needle and syringe exchange are available to a wider group of clients either unable or unwilling to access services on drug service premises.
Community Pharmacy Needle Exchange	Where facilities for needle and syringe exchange are available in local community pharmacists.
Shared Care	The joint participation of GPs, addiction social care staff, addiction health care staff and community pharmacies in the care of drug misusers and involving the substitute prescribing of methadone.
Prevention Service	An intervention which targets either an entire population or high risk behaviours in a variety of settings with the aim of changing unhelpful perceptions of, and attitudes to, alcohol and/or drugs, offering realistic options and alternatives through clear and consistent messages.
Dedicated Alcohol Prevention Service	A prevention service where the focus of the intervention is on alcohol.

Binge Drinking	Drinking an excessive amount on any one occasion. This often involves an intention of getting 'drunk' and a focus on intoxication.
Harmful Drinking	Levels of drinking at which physical or psychological harm is already occurring.
Hazardous or At Risk Drinking	Levels of drinking, which if sustained, are likely to lead to risk of physical or psychological harm.
Direct Spend	Expenditure on drug and/or alcohol dedicated services facilities or workers.