

Inverclyde ADP– Strategic Commissioning Intentions 2015- 2018

***A Framework for Supporting Recovery
and
Reducing Alcohol and Drug Related Harm***

Document Control
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CONTENTS

	Forword	
1	Introduction	
2	Aims and Objectives : Strategic Commissioning Priorities	
3	Policy Directives	
4	Inverclyde Profile	
5	Planning Context	
6	ADP Partners	

FORWORD

This document brings up-to- date the Inverclyde Alcohol & Drug Partnership (ADP) Strategy which covered the period 2011-2014 building on the progress achieved in addressing the impact of alcohol and drug misuse outlined within the first strategy. The strategy aligns key policy changes both nationally and locally which have taken place since the last strategy driving forward the Governments “whole population approach” to tackling alcohol related harm and Drug Policy direction outlined within the “Road to Recovery” and the national review of Opiate Replacement Therapies reinforcing the need for recovery orientated systems of care.

The Strategy recognises the contribution of all ADP partners in supporting the delivery of better outcomes for individuals, families and the wider community where alcohol and drugs misuse impacts on people’s lives.

There has been considerable progress in addressing alcohol and drug related needs in Inverclyde over the past five years including integration of alcohol and drug treatment and support services across health and social care and new projects developed for example Persistent Offenders Project and Prison Officers Through Care Project. Recovery developments have included the growth of a recovery focus within treatment service pathways, and specific services including the recovery café project, local voluntary organisations securing national funding to support recovery and family support services. Prevention and education services have worked to provide the wider “alcohol and drug” workforce with a better understanding of their role in supporting needs associated with alcohol and drug misuse. Young people in Inverclyde have received an extensive education and prevention programme throughout primary to high school.

Commitment from partners is essential if we are to achieve the aims outlined within this strategy. As ADP Chair I look forward to continuing to working with partners to address the complex issues and solutions required to address the impact of alcohol and drug misuse in Inverclyde.

There is still much to be done to improve outcomes for individuals, families and communities where alcohol and drug related harm impacts on their lives. This strategy provides an opportunity to learn from what has worked and where we need to take further and different action to continue to make progress in this area.

I look forward to working together with partners to take forward this challenge which will make a significant contribution to Inverclyde’s Community Planning Partnership’s vision for Inverclyde to:

‘Get it right for every Child, Citizen and Community’

1.0 Introduction

This is Inverclyde Alcohol and Drug Partnership's (ADP) second strategic plan. This strategy sets out the Inverclyde Alcohol and Drug Partnership's key aims and objectives for 2015/18 and will inform the Partnership's commissioning intentions which will support the delivery of key aims and objectives. This strategy is supported by the ADP delivery plan which outlines detailed actions which will be taken forward by partners to meet the ADP Strategy's key aim.

Since the last Inverclyde ADP Strategic Plan (2011-14) was developed there has been considerable progress in the development of strategic planning and performance reporting direction to ADPs from the Scottish Government. This has included:

- ADP Annual Report and Delivery Plan Guidance
- Agreed ADP Outcomes
- National ADP Performance Measures
- Establishment of ADP Self-assessment Framework
- Ministerial Priorities for ADPs.

This strategic update will take account of these new reporting arrangements.

2.0 Aims and Objectives : Strategic Commissioning Priorities

The key aim of the Inverclyde ADP is:

“To facilitate a co-ordinated partnership approach which supports recovery and reduces the impact of alcohol and drug misuse on our community.”

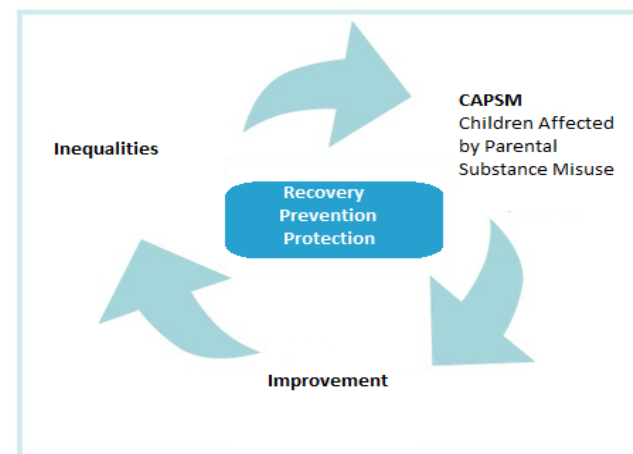
The strategy brings together the key policy direction governing ADPs

The strategy aligns key policy changes both nationally and locally which drive forward the Governments “whole population approach” to tackling alcohol related harm and Drug Policy direction outlined within the “Road to Recovery” and the national review of Opiate Replacement Therapies reinforcing the need for recovery orientated systems of care.

2.1 Strategic Commissioning Priorities

This strategy will support our strategic commissioning processes by providing an understanding of the priorities identified by partners providing direction for prioritising, shaping and delivering services that target our resources to meet needs in the most effective way. We aim to support choice, quality and efficiency in meeting individual and community needs associated with supporting recovery and reducing the impact of substance misuse. As a Partnership our strategic commissioning approach will be focussed on:

- **Recovery**
- **Prevention**
- **Protection**



Recovery

We will work to deliver effective opportunities for recovery from substance misuse. Recovery will be the key outcome for service users their families and carers, whilst recognising that recovery is a process and requires a response from individuals, agencies and the wider community. Our focus will be to deliver services within a framework which supports Recovery Orientated Systems of Care (ROSC).

Prevention

The ADP will support healthy lifestyle choices raising awareness across the community of risk associated with substance misuse. Prevention and early intervention strategies for drug and alcohol use are more effective than treating problems arising from alcohol and drug misuse. The ADP adopts a whole population approach to prevention through alcohol and drug education being provided

throughout the primary and secondary school system, to the wider population and to the “alcohol and drug” workforce providing a better understanding of their role is supporting needs associated with alcohol and drug misuse. Harm reduction strategies will be an important part of preventing and reducing alcohol and drug related harm - this will include working to reduce drug related deaths.

Protection

Substance misuse harms individuals, families and communities. The ADP will identify and protect those most at risk from substance misuse ensuring service users, families and the wider community are protected from harm from the impact of their own or someone else’s substance misuse. We will work to tackle crime and antisocial behaviour where substance misuses is a contributing factor. We will tackle issues related to the supply of drugs and support the effective regulation of the sale of alcohol.

Cross Cutting Themes

This strategy acknowledges the cross - cutting nature of alcohol and drug related issues. The ADP strategic priorities will be delivered within the context of needs associated with:

- ***Children Affected by Parental Substance Misuse*** (CAPSM),
- addressing ***inequalities*** and
- securing ***improvement*** in how we support people

CAPSM

CAPSM are a priority group. Effectively supporting the needs of children affected by parental substance misuse has a locus across the ADP’s recovery, prevention and protection strategies. ADP partners will work to better identify and support this most vulnerable group within our community working closely with the Child Protection Committee to ensure staff across ADP partner agencies are equipped to meet these needs.

Inequalities

Individuals who face substance misuse issues often face a range of barriers related to poverty, ill-health and stigma which limit (among other things) economic and social opportunities. We need to ensure that our services are inclusive and do not limit any groups from taking the opportunity to access support. To achieve our recovery, prevention and protection objectives we will work to address inequalities.

Improvement

The ADP partners will work to secure improvement in how we support individuals families and the wider community who are impacted by substance misuse. Reviewing and learning from best practice is vital if we are to secure the National Core Outcomes for Alcohol and Drug Partnerships. Our service improvement arrangements will include the views of service users and carers. Delivering on The Quality Principles: Standard Expectations of Care and Support in Drug and Alcohol Services and monitoring performance through ADP self- assessment will support ADP continuing improvement.

3.0 Policy Context

This strategy is directed by a range of national and local policy drivers including recent planning and reporting guidance to ADPs. The previous ADP Strategy outlined the key policy direction for tackling alcohol and drug misuse issues in Scotland. There has been considerable review of policy direction across drug treatment services and supporting Children Affected by Parental Substance Misuse. (Appendix 2 provides links to these key documents). The documents noted below are the key focus for directing alcohol and drug policy in Scotland. This strategy will support the local delivery of recommendations outlined within this national policy framework.

"The Road to Recovery" (Scottish Government (May 2008) set out a programme of reform to tackle Scotland's drug problem. Central to the strategy is the concept of recovery- a process through which individuals are enabled to move on from their problem drug use towards a drug-free life and become active and contributing members of society.

Changing Scotland's Relationship with Alcohol: A Framework for Action (March 2009) Scottish Government). The Framework for Action recognises that alcohol misuse is much more prevalent across Scottish society than previously recognised. As a result the Framework adopts a whole population approach, as well as recognising that some vulnerable groups require a more targeted approach. The Framework progress report (2012) reports on ABI and treatment waiting time HEAT targets.

Changing Scotland's Relationship with Alcohol: A Framework for Action Progress Report (2012)
<http://www.gov.scot/Resource/0038/00388540.pdf>

"Getting Our Priorities Right" (April 2013. (Scottish Government) Updated Good Practice Guidance. Aimed at practitioners working with children, young people and families affected by problematic alcohol and/or drug use.

Scottish Drug Strategy Delivery Commission: Independent Expert Review of Opioid Replacement Therapies in Scotland: Delivering Recovery. Scottish Government (August 2013). Response to effectiveness of the national drug strategy as outlined within road to Recovery. Although the review provided detailed scrutiny of Opiate Replacement Therapies and provided recommendations for future recovery models there was also broader focus on the need for a more holistic

approach to meeting needs which included addressing inequalities across a range of systems, Governance arrangements around delivering the Recovery agenda and the need for better information and research for supporting change.

Broader National Policy: Prevention and Early Intervention

The Scottish Government's broader national policy drivers provide a focus on prevention and early intervention as a key to achieving better outcomes. These national policy directives provide a role for alcohol and drug prevention and early intervention strategies in supporting the achievement of National Outcomes.:

- **Achieving Our Potential:** A Framework to tackle poverty and income inequality in Scotland.
- **Early Years Framework:** A framework to support giving all our children the best start in life and the steps the Scottish Government, local partners and practitioners in early years services need to take to start us on that journey.
- **Equally Well** – Framework for tackling health inequalities in Scotland.

4.0 Alcohol and Drugs: Inverclyde Context

The context within which Inverclyde ADP partner's work to address drug and alcohol misuse related issues is important in helping us understand and best meet needs. A brief profile of the Inverclyde context is provided below:

Alcohol and Drugs

Alcohol and drug related harm is a significant issue in Inverclyde. By most national measures Inverclyde experiences some of the highest prevalence rates and incidents of substance misuse related harm in Scotland. Significant advances have been made in tackling alcohol and drug related harm in Inverclyde. However, there is considerable progress to be made in supporting the realisation of an environment where alcohol and drug misuse issues impact less on the achievement of better outcomes for individuals and communities in Inverclyde. ADP related data is reported across various ADP publications. In summary the profile is one where:

- The estimated number of individuals with **problem drug use** and the corresponding prevalence rates for 2012/13 indicates the council areas with the highest prevalence rates of problem drug use in Scotland as **Inverclyde 3.20%**, Dundee City 2.80% and Glasgow City 2.76% - For Scotland as a whole the figure is 1.68%. (Percent of populations aged 15-64).
- General acute (NHS acute hospital) **inpatient and day case stays with a diagnosis of drug misuse** for 2013/14 using EASR indicates a rate of **240 for Inverclyde** (per 100k population) with the rate for Scotland reported as 125. (EASR standardised rates - allow for comparison across populations)
- **Drug Related Deaths; over** the past two year drug related deaths have fallen in Inverclyde. This remains an area of high priority for the ADP. Comparing with national data in 2013 there were 16.01 drug related deaths per 100.000 population in Inverclyde for Scotland the figure was a rate of 10.26 and for the NHS Greater Glasgow and Clyde Board Area the rate was 15.2.
- **Alcohol related mortality** as measured by the alcohol related death rate per 100K population in Inverclyde has continued to fall, since 2010. However the rate of alcohol related mortality in Inverclyde remains higher than that for the rest of Scotland with a rate of **28 per 100K population** compared to a rate of 21 per 100K population for Scotland as a whole.
- The rate (per 100K pop) of **Alcohol Related Hospital Admissions** in Inverclyde has continued to fall steadily from 2008/9 to-date. The rate for Inverclyde was 693 per 100K pop compared to 693 for Scotland.

Demographics

Inverclyde is one of the smallest local authority areas (in terms on population) in Scotland with an estimated population of 79,860 (2014). The population profile reflects a slightly older population mix than that of Scotland as a whole with just over one quarter of the population being aged 60 years or older, compared to just over one fifth for Scotland as a whole.

Economics

The links between poverty, deprivation, widening inequalities and problem substance misuse are well documented as is the recognition of the complex nature of this relationship. Inverclyde faces significant challenges related to deprivation.

- In 2012, 18% of the population of Inverclyde were income deprived compared to 13% for the rest of Scotland.
- Of the working age population (2012) 18.4 % were employment deprived compared to a Scotland wide figure of 12.8 %.
- In 2014 just over 20% of the population were dependant on out of work benefits compared to 14.6% for Scotland.

Health and Wellbeing

- Mortality in Inverclyde: Although life expectancy in Inverclyde is increasing life expectancy for males in Inverclyde (73.7 years) is lower than that for males in the rest of Scotland (76.6years). Life expectancy for females in Inverclyde (79.9 years) close to the average for Scotland with males in Inverclyde expected to live.
- Inverclyde residents have higher rates of patients registered with cancer, patients hospitalised with COPD and cerebrovascular disease than Scotland as a whole with lower rates of People hospitalised with coronary heart disease.
- Adults claiming incapacity benefits /severe disability allowance or employment support allowance (in 2012) was 9.3% in Inverclyde compared to 6.4% in Scotland.

The profile is one of a population living with a combination of complex needs. This is important in addressing alcohol and drug related issues which cannot be considered in isolation. A partnership approach is crucial in securing the multifaceted responses needed to support individual, family and community needs associated with alcohol and drug misuse.

5.0 Planning Context

Since the development of the last ADP Strategy there have been considerable changes across the governance surrounding partnership arrangements under the auspices of the integration agenda with the formation of Health and Social Care Partnerships and the integration of eight territorial policing organisations, Scottish Police Services Authority (SPSA) and Scottish Crime and Drug Enforcement Agency (SCDEA) with the formation of the unitary police authority - Police Scotland and creation of the Scotland wide - Scottish Fire and Rescue Service.

5.1 Inverclyde Health and Social Care Partnership

This strategy will be implemented within the framework of the Inverclyde Health and Social Care Partnership (HSCP) and the governance arrangements outlined within its integration scheme which became operational in April 2015 - in line with requirements of *The Public Bodies (Joint Working)(Scotland) Act 2014*.

Central to the new integration arrangements is the commitment:

to better support the wellbeing of people who use health and social care services, particularly those whose needs are complex and involve support from health and social care at the same time.

The Inverclyde HSCP's Integration Scheme aims to deliver the National Health and Wellbeing Outcomes prescribed by Scottish Ministers. National Health and Wellbeing Outcomes under the power conferred by Section 5(1) of the *The Public Bodies (Joint Working)(Scotland) Act 2014* . HSCP outcomes are closely aligned. ADP National core outcomes Appendix 3 provides a summary of outcome priorities across ADP, HSCP and Inverclyde Community Planning Partnership SOA outcomes.

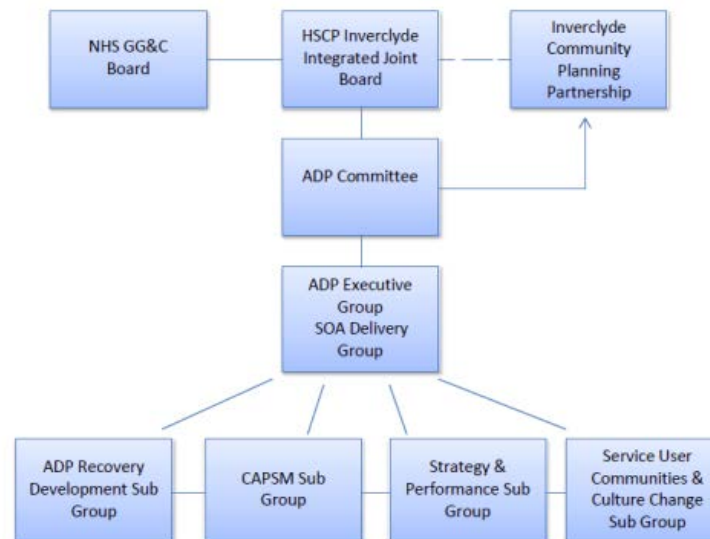
The HSCP strategic commissioning themes are:

- Employability and Meaningful Activity
- Recovery and Support to live independently
- Early intervention, prevention and Reablement
- Support for families
- Inclusion and Empowerment

These themes have strong crosscutting links with the ADP strategic commission priorities.

ADP Reporting Arrangements

ADP reporting arrangements are shown in the diagram reflecting the ADP links with wider partnership arrangements including HSCP, CPP and NHS GG&C Board.



5.2 Outcomes: ADP National Core Outcomes: Monitoring and Evaluation

ADP guidance from the Scottish Government provides a focus for ADP's to work towards the delivery of ADP National Core Outcomes.

Our strategic priorities will support the local delivery of ADP National Core Outcomes. ADP commissioning will be referenced to the achievement of the ADP National Core Outcomes; we will monitor and evaluate performance, and allocate ADP resources with reference to impact on achieving ADP National Core Outcomes. These outcomes include:

HEALTH:

People are healthier and experience fewer risks as a result of alcohol and drug use.

PREVALENCE:

Fewer adults and children are drinking or using drugs at levels or patterns that are damaging to themselves or others

RECOVERY:

COMMUNITY SAFETY:

Communities and individuals are safe from alcohol and drug related offending and anti-social behaviour:

LOCAL ENVIRONMENT:

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

SERVICES:

Individuals are improving their health, well-being and life-chances by recovering from problematic drug and alcohol use.	Alcohol and drugs prevention, treatment and support services are high quality, continually improving, efficient, evidence-based and responsive, ensuring people move through treatment into sustained recovery.
FAMILIES: Children and family members of people misusing alcohol and drugs are safe, well-supported and have improved life-chances.	

Inverclyde Community Planning Partnership

Alcohol and Drug partnerships report to local Community Planning Partnerships (CPP). Inverclyde CPP has the strategic vision: *Getting it Right for Every Child, Citizen and Community: Delivering a Nurturing Inverclyde* - making a commitment to get it right for every citizen and community, focussing on making Inverclyde a place which nurtures all of its citizens, ensuring that everyone has the opportunity to have a good quality of life and good mental and physical wellbeing. Recognising the cross cutting nature of the outcomes set out in the SOA, the CPP has adopted the GIRFEC * wellbeing outcomes, expressed by the SHANARRI outcomes; where citizens are: **Safe, Healthy, Achieving: Nurtured, Active, Respected, Responsible and Included**. (Full details of Inverclyde SOA can be located at <http://www.inverclyde.gov.uk/community-life-and-leisure/community-planning/inverclyde-alliance-single-outcome-agreement/>).

Inverclyde Community Planning Partnership (CPP) takes forward actions to achieve its agreed outcomes through the CPP Inverclyde Single Outcome Agreement (SOA). Inverclyde Alliance Single Outcome Agreement (SOA) 2012-17 sets out eight local strategic outcomes and one of these is of particular relevance to the priorities of the ADP:

SOA 5. A positive culture change will have taken place in Inverclyde in attitudes to alcohol, resulting in fewer associated health problems, social problems and reduced crime rates.

The work of the ADP primarily contributes to the achievement of this outcome, but the ADP also has a role to play in the achievement of the other SOA local strategic outcomes. For example, social regeneration, employability, health inequalities and giving young people the best start in life. The ADP priorities are consistent with supporting the achievement of the SHANARRI outcomes.

Meeting Wellbeing Outcomes: Getting it right for people whose lives are impacted by alcohol and drug misuse

Safe	Healthy	Achieving	Nurtured	Active	Respected	Responsible	Included
We will provide access to services which help them keep safe including harm reduction and education and prevention interventions. People will be provided with support to stay safe from the impact of other people's substance misuse. We will target the needs of groups: particularly CAPSM.	We will support people to make healthy and safe choices about alcohol and drug use. People will have access to health and social care services which support their pathway to recovery. Alcohol and drug services will provide a holistic health approach to meeting needs.	Our Recovery Orientated System of Care will support people to reach their potential. We will provide opportunities for peer support provide access to a range of opportunities for people in recovery to develop skills including life -long learning - confidence and self-esteem.	Services will be delivered within a nurturing environment. Our Recovery model will provide a focus on enabling -supporting people to take the steps to change within a protective environment which includes relapse prevention and peer support.	We will promote active lifestyles providing a range of opportunities for people in recovery to be involved in social and recreational activities.	Our efforts to improve outcomes will include the views of service users, carers, families and the wider community. We will work to reduce stigma faced by people who suffer from substance misuse helping the wider community to have a better understanding of recovery. Our services will be delivered in a manner which has respect for individuals.	We will provide the community with information to make informed decisions about alcohol and drug misuse supporting people to make responsible decision. Service users will be supported to take responsibility for their own recovery –they will be enabled by supportive service models.	Service users will be supported to be involved with the recovery options on offer and to access social and recreational activities within the wider community. Barriers faced by people with substance misuse problems will be addressed. We will provide services which address financial and social exclusion and any barriers related to gender or age.

6.0 Strategic Commitment across ADP Partner Agencies

This section provides details of ADP partner agencies' strategic commitment to supporting the impact of alcohol and drug misuse.

6.1 Police Scotland: Inverclyde Local Policing Plan 2014-2017

The Local Policing Plan (LPP) outlines the local policing priorities and objectives which will support the Scottish governments overarching vision for public services. The local Policing Plan represents an important part in supporting local communities within the context of the National Planning Framework.

Local policing priorities and objectives are closely linked to issues related alcohol and drug misuse. In particular this includes:

- Violence, Disorder and Anti-Social Behaviour

- Protecting People
- Serious and Organised Crime
- Drug Supply and Drug Use
- Dishonesty and Road Safety
- Public Confidence

These concerns have been identified through consultation across the Inverclyde community.

Although not all crime and concern about crime within these priority categories are related to alcohol and drug misuse, there are certain aspects where alcohol and drug misuse do play a major part. This includes for example:

- alcohol fuelled disorder including violent disorder and street drinking offences
- domestic abuse
- supply availability and harm of controlled drugs
- the drug trade and serious and organised crime and crimes of dishonesty
- drink/drunk driving
- fear of crime associated with alcohol and drug misuse and drug dealing

Analysis of public consultation across Local Authority Wards indicated that across all wards in Inverclyde from a list of 15 options the community indicated that they wanted Local Community Policing teams to focus on:

- Violence and Anti-Social Behaviour
- Drug Dealing and Drug Misuse

6.2 Community Safety

Inverclyde Community Safety Partnership's Strategic direction is governed by a range of national and local policies which have a direct impact on tackling alcohol and drug misuse issues facing individuals and the wider community. Inverclyde Community Safety partnership has a strategic commitment to supporting the following local and national policy areas :

- Inverclyde Community Safety Partnership Strategic Assessment (2015/18)(Draft) seeks to focus on the most prevalent of community safety issues within Inverclyde. One of the two priority areas from this strategy provides a focus on the need to address: violence, crime and disorder with associated links to impact of alcohol and drug misuse on these issues.
- The Strategy for Justice in Scotland (Scottish Government: 2012) provides a commitment to reduce the damaging impact of drugs and alcohol problems affecting lives and communities across Scotland.
- Promoting Positive Outcomes: Working Together to Prevent Antisocial Behaviour (Scottish Government: 2009) supports the importance of adopting a preventative approach to the reduction of crime and antisocial behaviour.

6.3 Scottish Fire and Rescue

The Local Fire and Rescue Plan for Inverclyde 2014-2017 provides a range of priorities where alcohol and drug misuse have an impact. A range of strategic aims within the plan relate to the impact of alcohol and drugs including:

- Strategic Aim 1: Improve safety of our communities and staff
- Strategic Aim 2: More Equitable Access to Fire and Rescue Services
- Strategic Aim 3: Improved outcomes through partnership

Other partner information to be included

Recovery

- Implement ROSC
- Recovery cafe Developments
- Peer Support
- Training Employment and Education
- workforce Development
- Service user and Carer Involvement

Prevention

- Whole population approach to prevention and education:
- Prevention and Education Programme for young people
- Prevention and education programme for adults
- Workforce Development: Alcohol and Drug workforce
- ABI Delivery: Parenting campaign
- Licensing

Protection

- CAPSM
- Harm Reduction: Naloxone
- Hep C programme
- Naloxone

Appendix1: Abbreviations

ABI	Alcohol Brief Intervention
CAPSM	Children Affected by Parental Substance Misuse
HSCP	Health and Social Care Partnership
CPO	Community Payback Orders
DTTO	Drug Testing and Treatment Orders
EASR	European Age Standardised Rates - Allow for differences in the age structure of populations and allow valid comparisons to be made between geographical areas and through time.
HEAT	HEAT targets: Health Improvement for the people of Scotland Efficiency and Governance Improvements and effectiveness of the NHS; Access to Services Treatment Appropriate to Individuals - ensure patients receive high quality services that meet their needs
HSCP	Health and social Care Partnership
IIAS	Inverclyde Integrated Alcohol Service
IIDS	Inverclyde Integrated Drug Service
NHS GG&C	NHS Greater Glasgow & Clyde
ROSC	Recovery orientated systems of Care
SALSUS	The Scottish Schools Adolescent Lifestyle and Substance Use Survey
SOA	Single Outcome Agreement

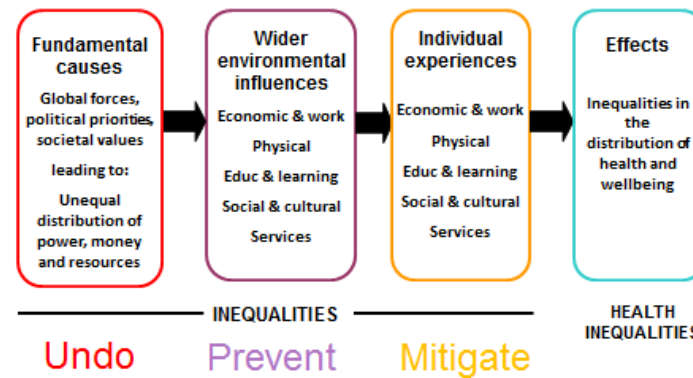
Appendix 2: Links to key documents

Policy	Link
The Quality Principles: Standard Expectations of Care and Support in Drug and Alcohol Services - Scottish Government. 2014.	http://www.gov.scot/Publications/2014/08/1726
Delivering Recovery. Independent expert review of opioid replacement therapies in Scotland : Scottish Drug Strategy Delivery Commission - The Scottish Government, 2013.	http://www.gov.scot/Publications/2013/08/9760
The Road to Recovery: A New Approach to Tackling Scotland's Drug Problem. (Scottish Government 2008)	http://www.gov.scot/Publications/2008/05/22161610/0
<i>Changing Scotland's Relationship with Alcohol: A Framework for Action</i> (March 2009) Scottish Government).	http://www.gov.scot/Publications/2009/03/04144703/0
<i>Changing Scotland's Relationship with Alcohol: A Framework for Action Progress Report.</i> (2012).	http://www.gov.scot/Resource/0038/00388540.pdf
"Getting Our Priorities Right" (April 2013. (Scottish Government) Updated Good Practice Guidance. Aimed at practitioners working with children, young people and families affected by problematic alcohol and/or drug use.	http://www.gov.scot/Resource/0042/00420685.pdf
Achieving Our Potential : A Framework to tackle poverty and income inequality in Scotland . Scottish Government (2008)	http://www.scotland.gov.uk/Publications/2008/11/20103815/0
Early Years Framework : This framework is about giving all our children the best start in life and the steps the Scottish Government, local partners and practitioners in early years services need to take to start us on that journey. Scottish Government (2009)	http://www.scotland.gov.uk/Publications/2009/01/13095148/0
Equally Well : Report of the Ministerial Task Force on Health Inequalities.Scottish Government (2008)	http://www.scotland.gov.uk/Publications/2008/06/25104032/0

Appendix 3: Outcomes

ADP National Outcomes	Inverclyde ADP Priorities		SHANARRI CPP Outcomes	HSCP Outcomes		
<p>HEALTH: People are healthier and experience fewer risks as a result of alcohol and drug use.</p> <p>PREVALENCE: Fewer adults and children are drinking or using drugs at levels or patterns that are damaging to themselves or others</p> <p>RECOVERY: Individuals are improving their health, well-being and life-chances by recovering from problematic drug and alcohol use.</p> <p>FAMILIES: Children and family members of people misusing alcohol and drugs are safe, well-supported and have improved life-chances.</p> <p>COMMUNITY SAFETY: Communities and individuals are safe from alcohol and drug related offending and anti-social behaviour</p> <p>LOCAL ENVIRONMENT: People live in positive, health-promoting local environments where alcohol and drugs are less readily available:</p> <p>SERVICES: Alcohol and drugs prevention, treatment and support services are high quality, continually improving, efficient, evidence-based and responsive, ensuring people move through treatment into sustained recovery.</p>	Recovery	CAPSM	<p>Safe</p> <p>Healthy</p> <p>Achieving</p> <p>Nurtured</p> <p>Active</p> <p>Respected</p> <p>Responsible</p> <p>Included</p>	People are able to look after and improve their own health and wellbeing and live in good health for longer.		
				Prevention	Inequalities	People, including those with disabilities, long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community
						People who use health and social care services have positive experiences of those services, and have their dignity respected.
	Health and social care services are centred on helping to maintain or improve the quality of life of service users					
	Protection	Health Improvement		Health and social care services contribute to reducing health inequalities		
				People who provide unpaid care are supported to reduce the potential impact of their caring role on their own health and well-being		
People who use health and social care services are safe from harm						
				People who work in health and social care services are supported to continuously improve the information, support, care and treatment they provide and feel engaged with the work they do		
				Resources are used effectively in the provision of health and social care services, without waste.		

What causes health inequalities?



Community Justice Governance

The Redesign of the Community Justice System in Scotland which will transfer responsibility for the planning and delivery of community justice services from Scotland's eight Community Justice Authorities to the 32 Community Planning Partnerships (CPPs). These new governance arrangements will provide the opportunity to ensure criminal justice social work maintains links with colleagues in local authorities, while developing stronger links with partners in areas like health, housing and welfare to improve how they work together to tackle re-offending.

The Community Justice Scotland Bill highlights meeting offenders outcomes related to alcohol and drugs misuse as one of a range of key areas for supporting a reduction in offending and re-offending. The ADP will work in partnership with Community Justice Partners to plan, deliver and report on outcomes for Community Justice in Inverclyde.