



Specialist Drug & Alcohol Service

Annual Report

2017-2018

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1. SUMMARY

The following report provides information of the resources available to deliver the Specialist Drug and Alcohol Service (SDAS) within Dumfries and Galloway, coupled with data relating to the service workforce activity. The report uses a comparison method model to compare previous year's data, providing the reader with an element of context. This also allows for identification of trends and/or stand alone information which will contribute to future service delivery.

The service is delighted to confirm that it has continued to meet the waiting times to treatment A11 Heat Target and would highlight the commitment and effort the staff group made to meeting this performance indicator. The report also highlights, that it has made the target of no service user waiting more than 35 days for referral to treatment. The introduction of a 'recovery clinic' which provides the forum to meet the treatment needs of maintenance Service Users, whilst freeing up capacity within nursing caseloads to meet the referral demands, was instrumental in the Service achieving its waiting times a key performance indicator (KPI). The report highlights the work of Eileen Carruthers, Team Lead and the Administration Team in facilitating and managing this clinic and can confirm that a similar clinic has recently been introduced in the west of the region by Jackie Aindow, Team Lead.

Developing Psychological capacity within the staff group in order to deliver evidenced based psychological interventions consistent with good practice has continued to be a Service focus in 2017 - 18. Evidence of this commitment is the achievement of two staff members Jade Thompson and Stuart Tilbury who have undertaken and completed the Cognitive Behavioral Therapy (CBT) post graduate diploma and are now delivering CBT in practice.

Drug Deaths have continued to rise in Dumfries and Galloway in line with the national average. The Service continues to be a key contributor to the local Drug Death Review Group, which looks at trends and responses to local drug deaths. In 2017-18 drug deaths in contact with the Service are now recorded via the Datix recorded system and governance process has been agreed with colleagues in the Adverse Events Department and Quality Patient Safety Leadership Group (QPSLG). This governance development has added value to the review and reporting of local drug deaths with the aim of identifying learning points, increase independent scrutiny around the care provided and support staff involved in drug deaths. In addition the Service has been part of the roll out of a refreshed risk assessment used across all services in Mental Health, the benefit of which is improved documentation and developed management plans around risk, which is shared electronically across the Clinical Portal within all Mental Health disciplines.

A cost pressure faced in 2017-18 and expected to be a factor in 2018-19 is the pharmacy budget. The main reasons for this overspend has been identified as

- Fluctuating Costs in medicines.
- Greater retention in service of Service Users.
- Commencing Generic Mental Health medications.
- Prescription software system which is unable to produce reports used for efficiencies.

The Service has had support from colleagues in Finance and Pharmacy to look at addressing this cost pressure issue. The Service Management Team will look to implement the required changes in 2018-19.

The formation of a Health Care Support Worker Team has been achieved in 2017-18, with the role of Associate Practitioner being established, held by Carol McCreadie, with the aim of further developing the Health Care Support Worker role and increasing its contribution to service delivery. Doing so has supported the Service to achieve its waiting times targets, maintain its service delivery models and incorporate the new and improved risk assessment tool for each Service User.

The main referral agent for the Service in 2017-2018 was GP Primary Care, which is consistent with the previous five years of referral data. It is encouraging that a strong referral link has been maintained with Primary Care and the use of electronic referral systems has improved referral information and transparency of referral management, supporting more robust triaging. It is envisaged that a future challenge for the Service will be any further reductions in the shared care working agreement in place with Primary Care, where Primary Care manage people who have reached a level of stability and are in recovery. In order to meet this challenge the Service is providing training support to community pharmacists who have an interest in supplementary prescribing within the Addiction. Internally the Service in 2018-19 is aiming to develop and expand its Non Medical Prescribing framework, model and capacity. It is also expected that there will be progression in supporting Advanced Nurse Practitioner posts being incorporated into service delivery, all of which is designed to support the Service meet the Health Care challenges of the future.

In 2017-18 the Service moved to recording staff activity statistics by utilising the information collected on the Form Stream platform. The rationale for this change was to better capture staff activity, which was previously captured manually, with doubts of its accuracy and its collection methods considered inefficient. The early result of this change has been a 5k increase in staff patient activity stats, early analysis of this appears to be better recording by staff and increased Service demand. In 2018-19 the Service plans to do further analysis of the activity data, introduce a reference guide for Form Stream entries and ask the Team Leaders to produce quarterly analysis reports. In addition the Service aspires to improve its depth of activity data intelligence and utilize this to review Service opening times, reduce follow up inefficiencies and better understand the resource required for non patient contact. The report highlights the invaluable support given to this development by Richard Bryant, Alcohol and Drug Partnership (ADP) Performance Officer and the ongoing support Richard continues to provide.

The Service staff has committed to a service and professional development model which relies on nominated leads for areas of Service core business with agreed aims and objectives via Line Manager collaboration. In order to reflect the level and quality of the development work the report contains detailed information on key development areas. The Service Manager would welcome any discussions or notes of interest in relation to the development areas which is consistent with a shared learning and networking approach.

2. RESOURCES

2.1 Budget

The under spend for 2017-18 was mostly due to vacancies within the clinical staff group and the transition time for band 5 staff migrating to band 6 posts as per service staffing model. The Service was able to undertake one off investment work to support the staff group, in Lochfield Road Primary Care building and Innistaigh. The renovation work has provided all staff with a nominated work station consistent with

good practice and reflecting staff feedback via I matters questionnaire. The remaining under spend of 38k is not recurring.

	Annual Budget	YTD Actuals	YTD variance
Substance Misuse Service	1,688,759	1,650,595	38,164

2.2 Staffing

The staff group is considered stable and settled. The Service has benefited from some staff movement in 2017-18 which has introduced two new staff members, Lisa Stanley and Lucy McGarrie, who it is expected will bring additional drive and energy to the Service.

The staff group has now reached its expected numbers for nursing student mentors and the Service continues to offer a highly valued training experience to nurses, medical students and social workers.

3. ACTIVITY

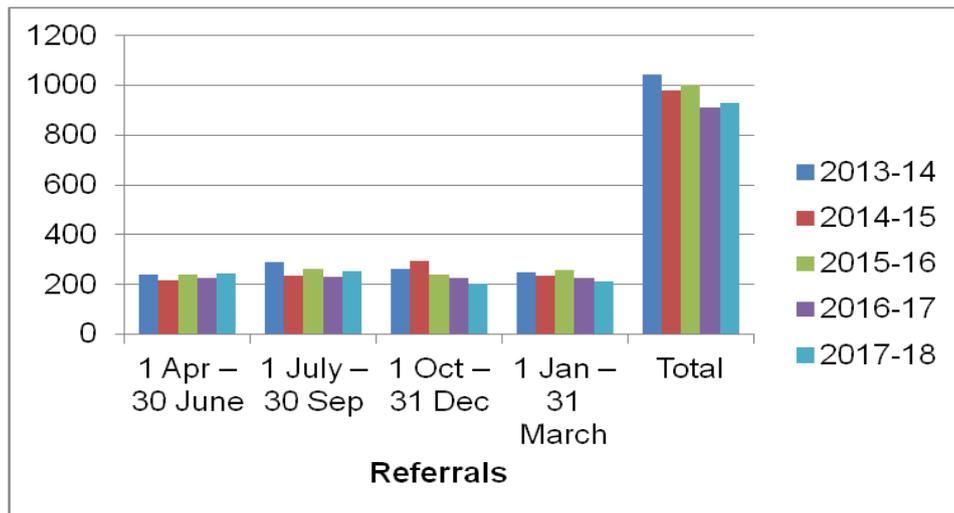
3.1 Referrals

A total of 928 (592 alcohol 64%), (336 drugs 36 %) were referred to the Service during 2017-18, this presents as a minimal increase. The Service has opted to use the ISD Waiting Times Report figures for the 2017-18 Annual Report as, the ISD data base is validated. However, in doing so referrals which the service has received then triaged to other more appropriate services, is not represented within the ISD system, this numbered 246 for the period 2017-18. It is noted that triaging is an element of work which the Service does not currently get recognition for, the Service Management Team will look to address this 2018-19.

It is also highlighted that there have been challenges in capturing accurate referral data for the Liaison Service which the Service provides in both the DGRI and Galloway Community Hospital. This has been evidenced in a drop off of submitted waiting times referral forms, which is contradictory to the level of referral activity that the service is aware of via the Cortex referral system. Liaison referral activity has been under reported in year 2017-18, addressing this under reporting will be a priority for the Service in 2018-19.

In addition the continuation of the Alcohol Review Clinic may have resulted in a reduction of the amount of clients leaving the service and being re-referred back to the Service, which is highlighted as a positive development. However it is unclear if this has been substantiated by relevant data, the Service will aim to identify the relevant data in 2018-19 and make a decision on the efficiency of continuing with the alcohol review clinic.

The following table and graph shows the pattern of referrals over the past 5 years



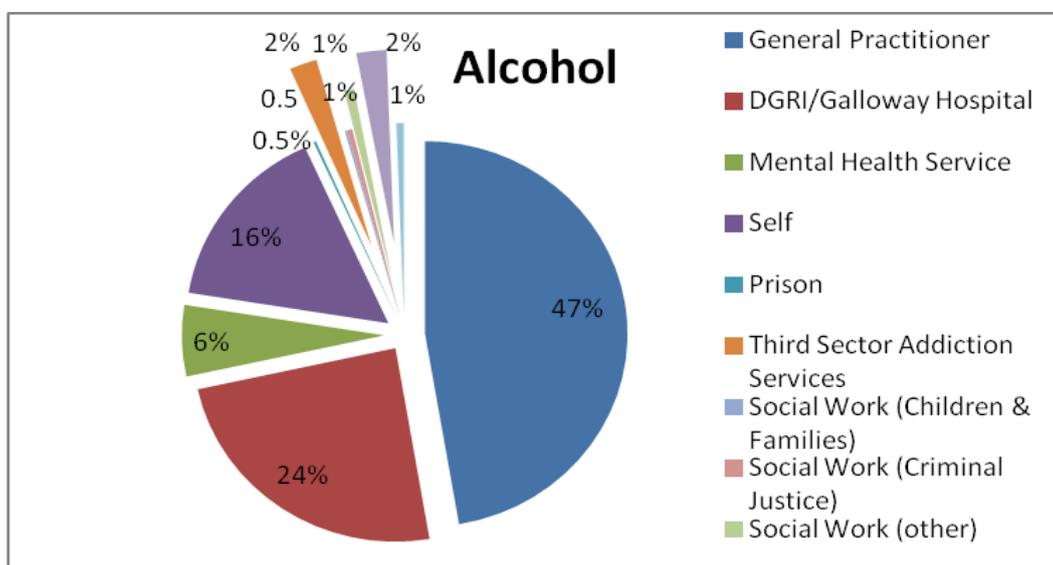
	1 Apr – 30 June	1 July – 30 Sep	1 Oct – 31 Dec	1 Jan – 31 March	Total
2013-14	242	289	261	250	1042
2014-15	215	235	295	237	982
2015-16	240	263	241	258	1003
2016-17	227	229	227	227	910
2017-18	244	254	204	213	928

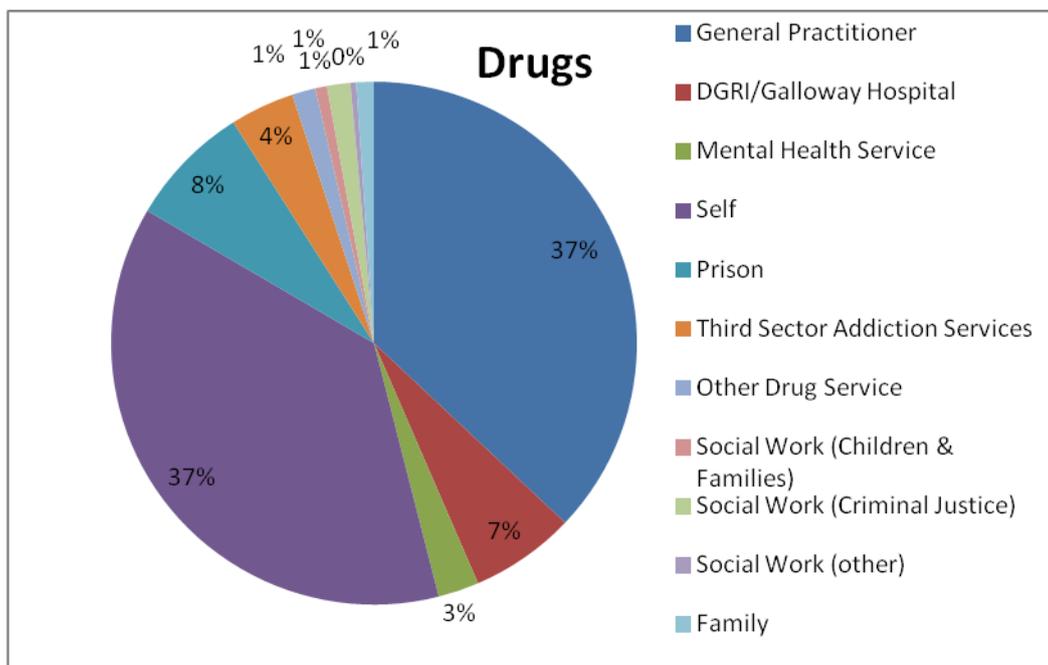
3.2 Waiting Times

The Scottish Government HEAT Target sets out that 90% of people accessing Alcohol and Drug Services should commence treatment within 21 days of their date of referral. During 2017-18 98% people accessing treatment with this Service were seen within 21 days of their date of referral. In addition as per Service delivery target no referral waited longer than 35 days from referral to treatment commencing.

3.3 Referral Agents

The following table details information of referrals received by referral agent





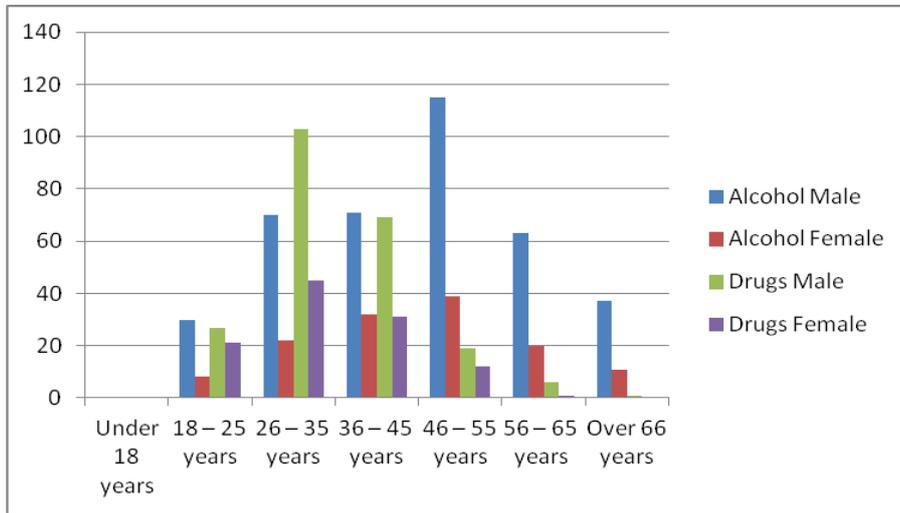
Referral Agent	Alcohol	Drugs	Total
General Practitioner	238	103	341
DGRI/Galloway Hospital	122	18	140
Mental Health Service	30	7	37
Self	79	104	183
Prison	1	21	22
Third Sector Addiction Services	11	11	22
Other Drug Service	0	4	4
Social Work (Children & Families)	1	2	3
Social Work (Criminal Justice)	2	4	6
Social Work (other)	4	1	5
Maternity Services	0	0	0
Family	12	3	15
Other	3	0	3
Total	592	336	928

3.4 Referrals by Age

The age profile across all referrals is generally in line with that of previous years, however although the pattern of alcohol referrals is unchanged there does appear to be an upward trend in the age profile of people referred with drug problems in keeping with national trend of an ageing cohort of dependent opiate users.

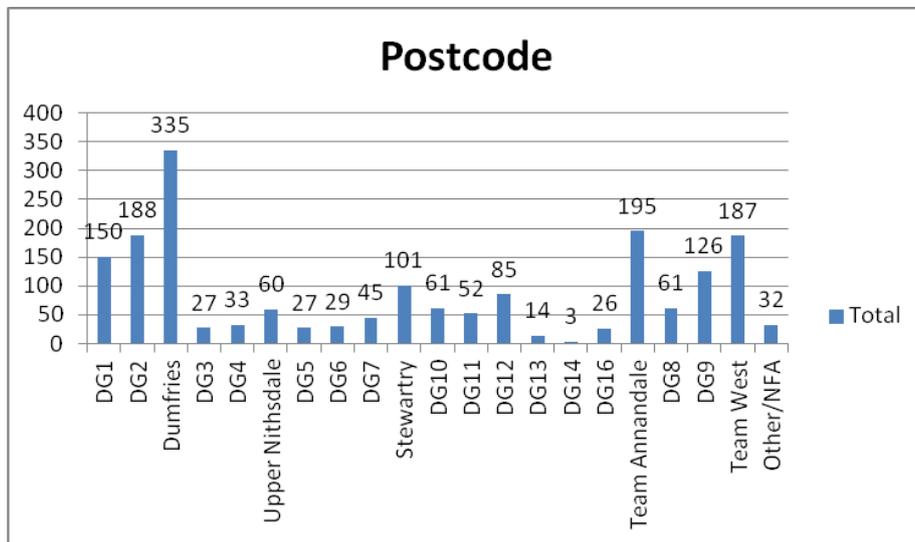
This age profile is illustrated in the following table.

	Alcohol		Drugs		Total
	Male	Female	Male	Female	
Under 18 years	0	0	0	0	0
18 – 25 years	30	8	27	21	86
26 – 35 years	70	22	103	45	240
36 – 45 years	71	32	69	31	203
46 – 55 years	115	39	19	12	185
56 – 65 years	63	20	6	1	90
Over 66 years	37	11	1	0	49
Total	443	132	225	110	928



3.5 Referrals by Locality

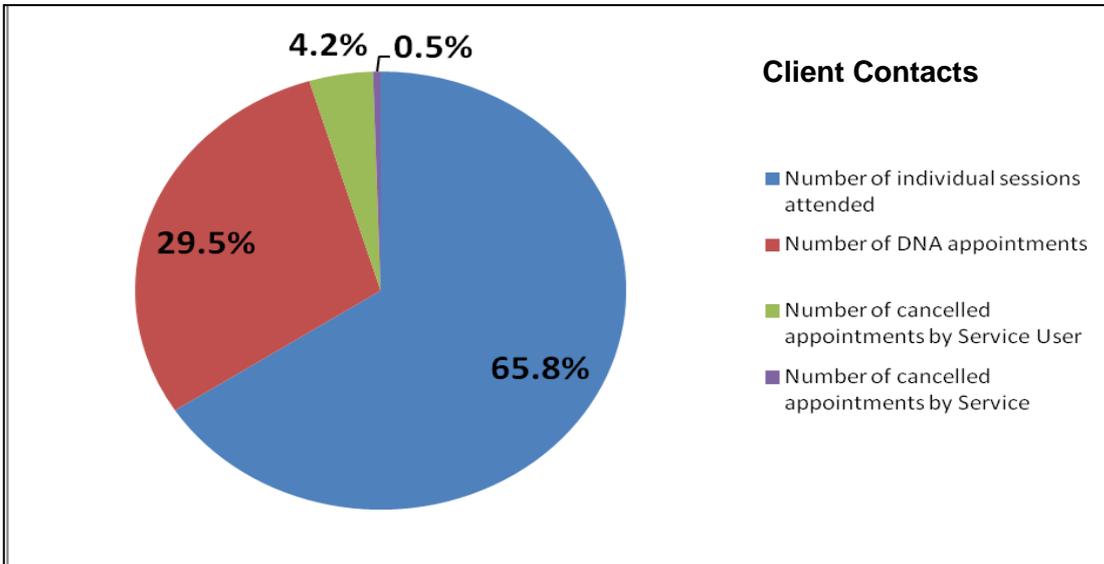
The following table and charts illustrate the geographical spread of referrals received.



Post Code	DG1	DG2	DG3	DG4	DG5	DG6	DG7	DG8	DG9	DG 10	DG 11	DG 12	DG 13	DG 14	DG 16	Other	No Post code	Total
	156	181	20	27	50	17	40	46	142	19	49	89	10	2	33	6	41	928

3.6 Nursing Team Follow Up Appointment Data

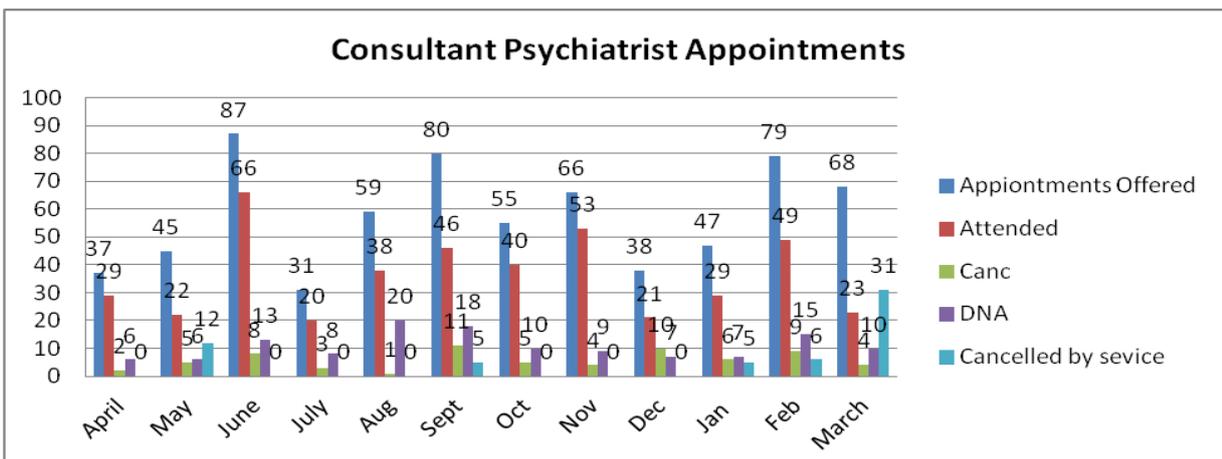
The following table shows the number of follow up appointments offered with details of the rates of attended, cancelled and non attendance appointments.



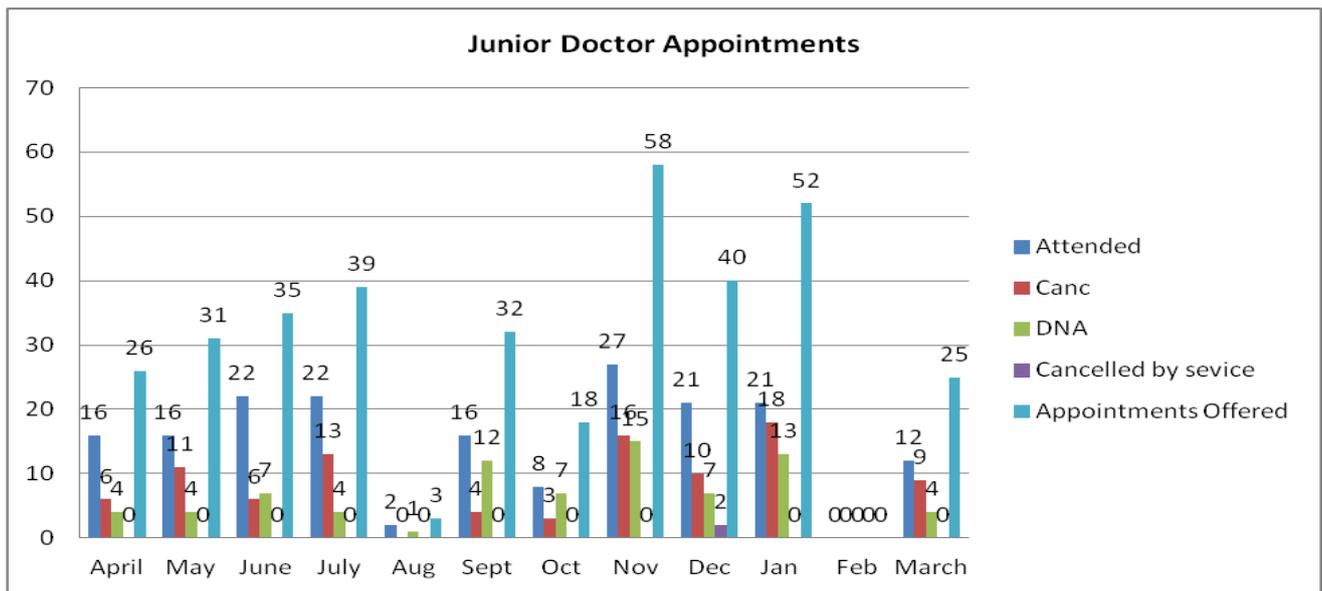
Number of individual sessions offered	16,005
Number of individual sessions attended	10,535(65.8%)
Number of DNA appointments	4720(29.5%)
Number of cancelled appointments by Service User	669(4.2%)
Number of cancelled appointments by Service	81(0.5%)

Service User non attendance rates have increased in 2017-18, from 25 % in 2016-17. The report is not in a position to comment on reasons for this increase, but would consider this as negatively impacting on the Services efficiency and ability to deliver Safe, Effective and Timely Service delivery model in line with the Mental Health’s Strategic Plan. In order to address this issue the Service Team Leads have been tasked with leading on a Service Improvement Plan in 2018-19. Governance for the Improvement Plan will be provided by the Service Best Practice Group and the Health Quality Committee.

3.7 Medical Team Follow Up Appointment Data



Consultant Psychiatrist	Appointments Offered	Attended	Cancelled	DNA	Cancelled by service
April	37	29	2	6	0
May	45	22	5	6	12
June	87	66	8	13	0
July	31	20	3	8	0
Aug	59	38	1	20	0
Sept	80	46	11	18	5
Oct	55	40	5	10	0
Nov	66	53	4	9	0
Dec	38	21	10	7	0
Jan	47	29	6	7	5
Feb	79	49	9	15	6
March	68	23	4	10	31
Total.,	692	436	68	129	59



Junior Doctor	Appointments Offered	Attended	Cancelled	DNA	Cancelled by service
April	26	16	6	4	0
May	31	16	11	4	0
June	35	22	6	7	0
July	39	22	13	4	0
Aug	3	2	0	1	0
Sept	32	16	4	12	0
Oct	18	8	3	7	0
Nov	58	27	16	15	0
Dec	40	21	10	7	2

Jan	52	21	18	13	0
Feb	0	0	0	0	0
March	25	12	9	4	0

2017-18 is the first year the Service has separated the medical activity data from the nursing team data. This was to support improved analysis and identify if there were challenges to capturing and responding to medical activity data.

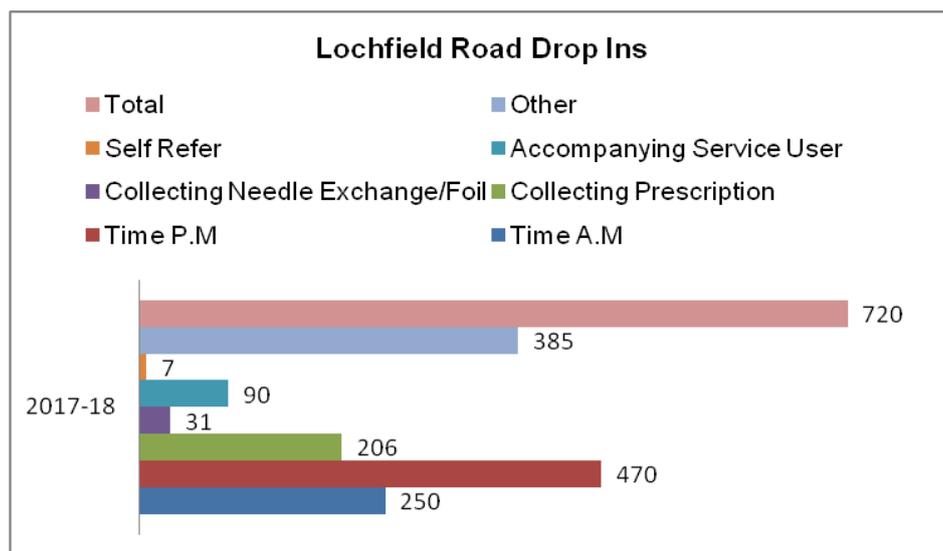
Initial analysis has identified that there is a lack of knowledge to the reason for medical follow up being offered, which if accessible may support defining reasons for the non attendance inefficiencies, similar to the nursing team. In addition it is highlighted that not utilising the form stream system has resulted in activity data being recorded manually and this may lead to under recording or inaccuracies. Addressing this will be a service target in 2018-19.

4.0 Administration Department

The Service in year 2017-18 attempted to capture elements of the administration department's activity which didn't relate directly to traditional administration tasks such as typing, dictation and process led tasks. Instead, in line with the Mental Health Directorate Administration review process, the Service focused on activity data. The following table displays data relating to drop in contacts with Service Users, their families and other professional groups, at Lochfield Road Primary Care Centre between the hours of business, 8.30 am to 5.00 pm.

4.1 Lochfield Road Drop Ins

Date	Time A.M	Time P.M	Collecting Prescription	Collecting Needle Exchange/Foil	Accompanying Service User	Self Refer	Other	Total
2017-18	250	470	206	31	90	7	385	720

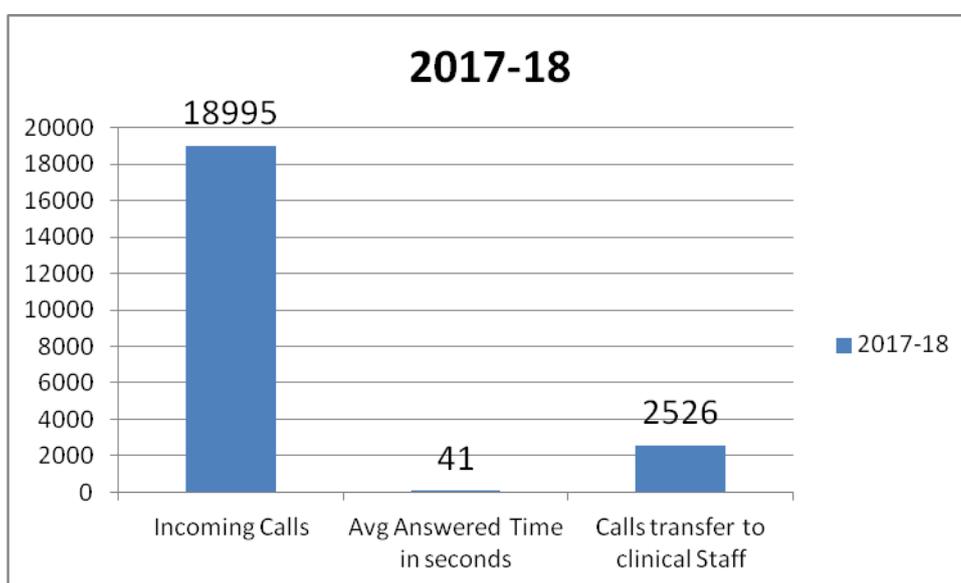


This data clearly shows that there is increased activity in the p.m. and evidences the numerous demands placed on the administration department during the hours of business. The challenge remains when there are periods of annual leave and/or sickness, all of which increases pressure on the Administrations Team to cover the

building opening times in line with Health and Safety requirements, whilst delivering the traditional tasks associated with an Administration Team. This data collection will continue in 2018-19, with the aim to utilise the data to future plan administration resource and review the Service building opening times to maximise efficiencies and reflect Service User need.

4.2 Lochfield Road Telephone Activity

2017-18 was the first year the Service was able to record and monitor telephone activity, after introducing a new system. The driver for the new system being introduced was feedback for Service Users and professional groups that it was difficult get through on the phone lines and there was no option to leave a voice message. The new system has addressed these issues. In 2018-19 the aim is to develop more knowledge around phone calls and introduce additional data capture fields. This report would acknowledge the volume and level of demand phone calls place on the administration department.



Date	Incoming Calls	Avg Answered Time in seconds	Call Transfer to clinical staff
2017-18	18.995	41	2526

3.3 Exchange Data

From 2016/17 until 2017/18 the needle exchange figures pertaining to the outreach service showed a significant decrease of 30% there are a number of factors which help to explain this decrease.

Regional factors affecting the decline include

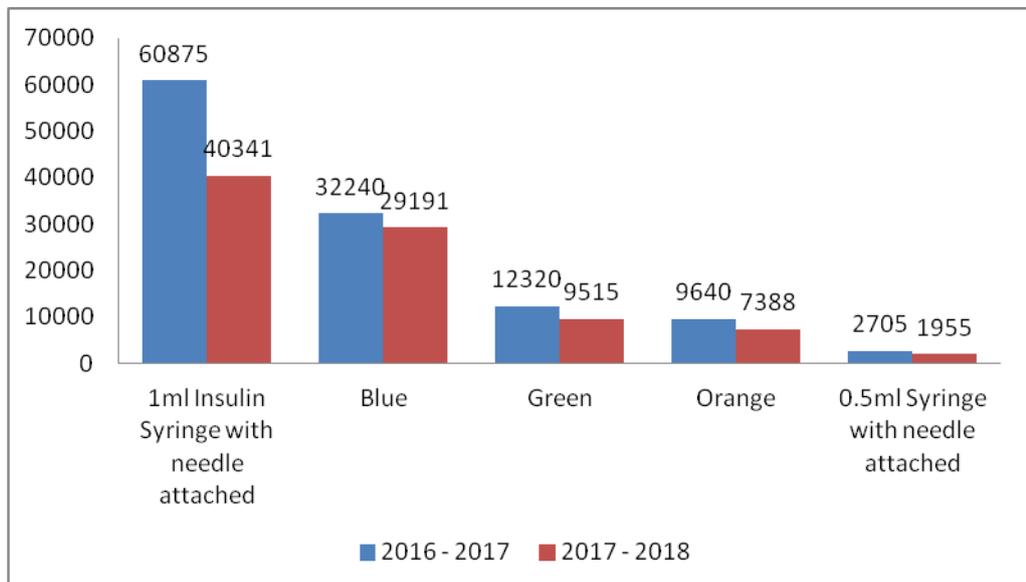
- Enforcement activities which have disrupted the illicit drug supply network across the region.
- Increasing incidence of injecting drug users developing infections and abscesses. Anecdotal evidence suggests this has influenced a significant number of injecting drug users to reducing their injecting activity and or increase their smoking of substances.

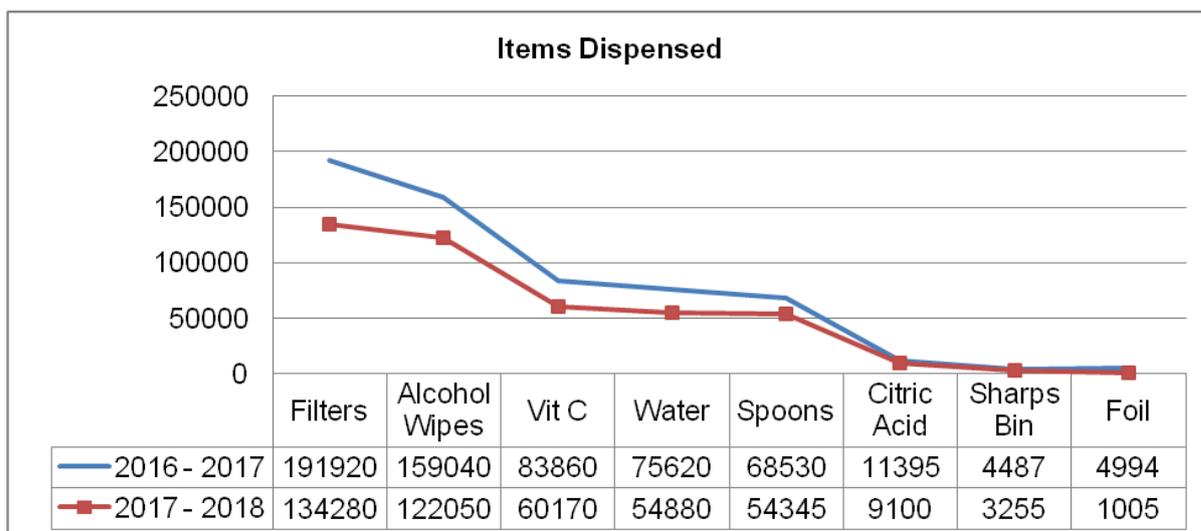
- Ageing injecting drug using population in line with National Statistics may also account for a decrease in frequency of injecting due to the increased difficulty of accessing injection sites.
- A significant increase of drugs being obtained via the internet, namely valium and Xanax which are in pill form and tend not to be injected.

The following graphs provide some detail around the equipment supplied by John Miller, Senior Outreach Worker in 2017-18.

Needles Issued

Site	Category	Item	2016 - 2017	2017 - 2018
NHS Specialist Drug and Alcohol Service	Needles	1ml Insulin Syringe with needle attached	60875	40341
NHS Specialist Drug and Alcohol Service	Needles	Blue	32240	29191
NHS Specialist Drug and Alcohol Service	Needles	Green	12320	9515
NHS Specialist Drug and Alcohol Service	Needles	Orange	9640	7388
NHS Specialist Drug and Alcohol Service	Needles	0.5ml Syringe with needle attached	2705	1955





Item	2016 - 2017	2017 - 2018
Filters	191920	134280
Alcohol Wipes	159040	122050
Vit C	83860	60170
Water	75620	54880
Spoons	68530	54345
Citric Acid	11395	9100
Sharps Bin	4487	3255
Foil	4994	1005

6.0 CURRENT PROJECTS AND DEVELOPMENTS

Team members have been involved in a number of projects and developments in the past year.

6.1 *Development of Psychological Interventions*

Over the past 12 months the NHS Drug and Alcohol Service has continued with the support and development of staff skillfulness in psychological therapies, in line with the Psychological Therapies 'Matrix'; a guide to planning and delivering evidence-based Psychological Therapies within NHS Boards in Scotland. The Matrix outlines several preferred approaches, for those experiencing alcohol and drug related problems, including Cognitive Behavioral Therapy (CBT), CBT interventions, Community Reinforcement Approach (CRA) and Motivational Interviewing (MI).

In 2017-18 two of the senior nursing staff have completed their post graduate diploma in CBT and, from February 2018, the Service is now in a position to offer CBT to service users who have achieved a degree of stability through the course of their treatment and have identified that CBT would be effective in their recovery. Over

the past 18 months Jade Thompson and Stuart Tilbury, in conjunction with colleagues based within the Psychology Service, have devised a referral pathway and framework which will support appropriate delivery of CBT to our service users.

The cohort of staff who completed the skills based training in CBT interventions continue to consolidate their learning through monthly supervision provided by psychological therapist Robert McColm. It is hoped that a new cohort will undertake similar training facilitated by Robert McColm, later in 2018. This report would note that the Service is appreciative of the support received from Rab McColm and that of the Dumfries and Galloway Psychology Service.

A core aim for 2108-19 is to develop a complex case discussion forum accessible to all staff which reflects the Service I Matter report which highlighted staff desires to have an opportunity to explore clinical cases in more depth. To facilitate the complex case discussion the Service Leads will work with psychology colleagues to agree structure and identify outcome measurements for the group.

Lewis Fergusson continues to act as Service Lead for the teams MI Coach Groups. In addition to this over the past 12 months he has participated in three separate, NES sponsored, national MI workshops.

Leads: Jade Thompson and Stuart Tilbury

6.2 *Mental Health*

The nominated lead for Mental Health was on maternity leave during 2017-18. Therefore the Service has decided to limit its Mental Health development focus to reviewing the current practice and process of inpatient detoxification admissions in Mid Park Hospital. This review process has been supported by colleagues in Mid Park Hospital and the Senior Management Team within the Mental Health directorate.

There has been some short term progress made by focusing on the communication process for detox admissions, which has increased understanding and supported the development of transparent referral pathway. For 2018-19 there has been an inpatient detox admission working group commenced which will report to the Mental Health Senior Management Team, advising on where best to place detox resources, define need and capacity. In addition the working group will aim to agree admission processes and principles, whilst developing opportunities for joint working and training.

Lead Sara Gillan

6.3 *Social Media*

The tool of Social Media continues to be used for communication with stakeholders. It is unclear at present the level of traffic through the Social Media platforms used on Facebook and Twitter. In 2018-19 the Service Lead for Social Media will change to Lucy McGarrie, the task for 2018-19 will be to undertake a scoping exercise which will focus on the current Social Media activity and identifying development opportunities.

The current lead David Henderson is retiring, the Service Manager would like to acknowledge the contribution David made in developing the Service Social Media platform.

Lead: David Henderson

6.4 *Motivational Interviewing Coach Groups*

Lewis Fergusson continues to act as service lead and facilitator for the Services MI Coach Groups. In addition Lewis has participated in three separate, NES sponsored, national MI workshops in 2017-18. Lewis continues to facilitate a monthly MI skills group with a multi professional membership.

Lead: Lewis Fergusson

6.5 *Take Home Naloxone Project*

To support the national Take Home Naloxone Programme and key Service KPI, Alison Smith and David Henderson have been the Service Leads for the previous two years. With the agreed aim of ensuring that overdose awareness and supplying of naloxone kits to Service Users, their significant others and relevant organisations remains a key consideration the Service staff group.

2017 – 2018 has been a considerable success with the following a note of the achievements of the Service Leads and their colleagues

- Naloxone kits issued from April 2017 to March 2018 was 207, an increase of 58 kits on the year 2016 - 2017 and comfortably met the Service target of 120 per year.
- Overdose Awareness Training and naloxone supply is offered at point of assessment.
- Naloxone training offered and accepted by external agencies e.g. ILS, Addaction, various other NHS departments, UWS students and Bethany.
- Training provided for student nurses as part of their curriculum at the university.
- Five open overdose awareness sessions and information days at Lochfield Road Primary Care Trust and in the community venues at Newton Stewart and Dalbeattie.
- Development of PGDs to support Health Care Assistants and Outreach Worker to issue naloxone kits post training.
- Monthly target of 5 Naloxone kits being issued for the west of the region are now being met, which was a key commitment for 2017-2018.
- Publicity on service Facebook page and Twitter account, regarding availability of training and kits continues to good effect.

It is envisaged that the naloxone lead opportunity will rotate to another member of the Service team in 2018-2019.

Leads: Alison Smith and David Henderson

6.6 *Children and Families*

The main focus for 2017-2018 has been building on and improving the quality of care offered to pregnant mums and their partners. To achieve the quality of care the service has continued to have a core presence at the twice monthly multi agency antenatal clinic, which aims to assess, support and provide treatment to families about to have a child.

The leads have consulted with the Service staff group, the Service User Involvement Group and local children and families colleagues, on the topic of how best to support families who have or have had issues with substances and are now preparing to have a child. From the consultation the working practice of a six session treatment/educational and support pathway has been developed to improve outcomes for parents and their unborn child. The six session pathway is a menu of sessions available to the family, delivered in a structured and transparent manner which provides assurances that the families have the relevant information and support to make positive choices during pregnancy for them and their unborn child.

The Service Leads have been instrumental in taking this forward and have done so by delivering training and briefing sessions to colleagues internally and also to outside agencies such as Children and families social work. Going forward the intention is to deliver the sessions to colleagues in the West of the region and develop a rolling programme.

In addition the Leads have achieved the following

- Service pregnancy leaflet has been updated.
- Agreed the principle that fathers re-referred to Service have their name added to the Multi-Agency clinic list.

The aim for 2018-2019 is to develop an 8 session pathway which will be delivered to parents who have children involved in Child in Need and or Child Protection processes.

Leads : Eileen Carruthers and Gillian Paterson

6.7 E-Health

The Service Video Conferencing (VC) continues in the West of the region with positive feedback from both staff and Service Users. There has been some progress made towards moving on to mobile working system, called MORSE. Jenny Barr and David Henderson have been the Service testers for the MORSE and mobile working solution. However the report would highlight that progress has been limited and the expected go live date has been put back to sometime in 2018-19.

The Service is now fully operational within the Clinical Portal and in line with the Mental Health Directorate Risk Assessment Policy; Service Users within the Service now have an electronic live document risk assessment accessible by all areas of the Mental Health Directorate. The Service Manager would like to take the opportunity to acknowledge the work and commitment from the Service staff group to achieve meeting the directorates risk assessment policy standards.

Leads: Justin Murray, Jenny Barr and David Henderson.

6.8 Blood Borne Virus

Based on feedback to the Service via the Blood Borne Virus (BBV) Managed Care Network (MCN) coupled with anecdotal feedback from staff. The Service has decided

to review its BBV aims and objectives, with Garry Morrison and Lisa Stanley assuming lead roles in overseeing the aims and objectives.

The main aims for the BBV leads is to

- Increase BBV testing rates across the region.
- Increase BBV vaccination rates across the region.
- Develop a transparent BBV recording system.
- Develop a collaboration model with BBV treatment providers.
- Deliver educational BBV sessions to the Service staff group.

Lead: Garry Morrison and Lisa Stanley

6.9 Liaison Service

There was a review of the Acute Addiction Liaison Service in 2017-18, as feedback from various stakeholders had highlighted that a single person service which was the current delivery model had challenges when the staff member was on leave and the volume of work they were expected to deliver on. There was an attempt to trial the introduction of additional staff into the liaison Service to increase flexibility and capacity, however long term sickness within the staff group cut this short.

Delivering and maintaining the Addiction Liaison Service, in both the DGRI and Galloway Community Hospital, has been a challenge since November 2017. This has been a direct result of a Liaison staff vacancy in the West of the region and the liaison post holder for the DGRI assuming a seconded team leader position within the Service. It is to the staff group's credit that a limited Liaison Service has continued to be delivered; this report would acknowledge the efforts of Jackie Aindow, Garry Morrison, Kenny Sneddon, Lisa Stanley Jenny Barr and Gillian Paterson in making this possible.

The Liaison Lead has been tasked with reviewing and consulting with stakeholders on the future delivery model for the Addiction Liaison Service and will present a draft proposal in September 2018.

Lead: Jackie Aindow

6.10 Service User Involvement

The Service Leads continue to hold and report on the Service User Involvement self assessment document. This document sets out a series of commitments the Service has made in relation to developing Service User involvement. The Service Manager would like to highlight the support received from Barbara Zaman, Community Engagement Officer with the local ADP in relation to the self assessment and facilitation of Service User Involvement Group.

The Service User Involvement Group has continued to meet throughout 2017-2018, with varying success. As expected the numbers attending can fluctuate depending on a multitude of variables. However what has remained consistent is the commitment from the leads to facilitate the group and stimulate new ideas in increasing attendance.

The planning work for the use of Survey Monkey Service User feedback has been completed in 2017-2018 with the expectation that we will begin to report on the findings from September 2018. In addition there is a major piece of work around rebranding of the Service planned for 2018-19, which is based on Service User feedback.

Lead: Brian Carruthers and Lucy McGarrie

Justin Murray

Service Manager

June 2018