

Agenda Item	10.
Report No	CPPB/6/26



Highland
Community
Planning
Partnership

Com-pàirteachas
Dealbhadh
Coimhearsnachd

na Gàidhealtachd

Highland Community Planning Partnership Board – 10 March 2026

Title of report - HADP self-assessment process, results and next steps

Report by - Carron McDiarmid, Independent Chair HADP

Report Classification (tick as appropriate):

Strategic Priority: People Place Prosperity

Cross-Cutting Theme (tick all that apply):

- | | |
|---|---|
| <input type="checkbox"/> Connecting People and Places | <input type="checkbox"/> Employment / Employability |
| <input checked="" type="checkbox"/> Whole Family and Community-Based Approaches | <input type="checkbox"/> Housing |
| <input type="checkbox"/> Shared Approaches to Commissioning | <input type="checkbox"/> Community Wealth Building |
| <input checked="" type="checkbox"/> Aligning Partnership Practices | |

Report Purpose (tick as appropriate):

For Noting For Approval For Decision

Recommendation(s)

The Board is asked to:

- i) Note for assurance the results of the recent self-assessment HADP process.
- ii) Note for assurance the actions agreed to support improvement.

Executive Summary

This report summarises the process undertaken for evidenced self-assessment in the HADP. It was supported by the Local Authority Improvement Service.

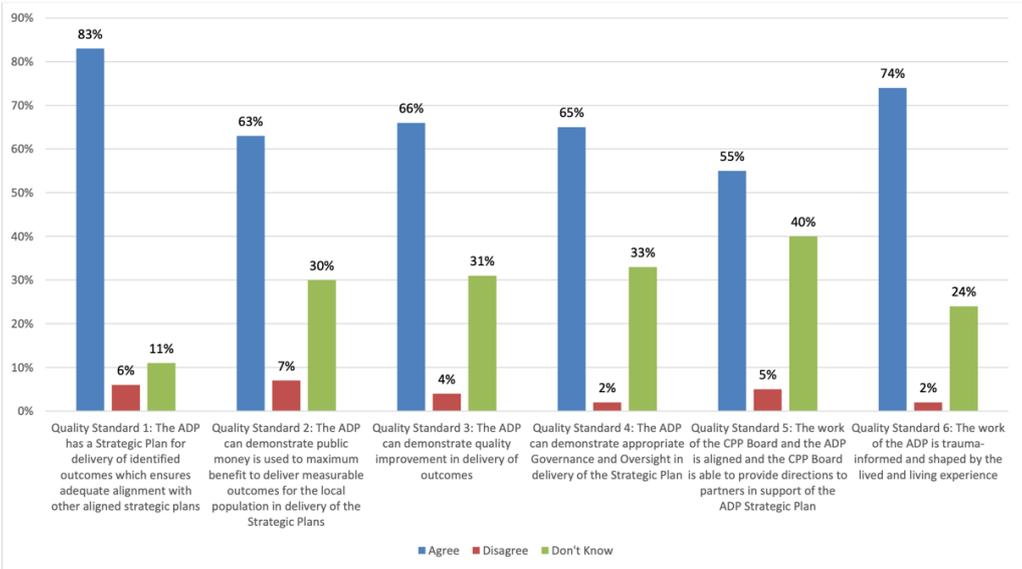
Considerable improvement in self-assessment ratings is found between 2022 and 2025. The biggest area of improvement relates to the HADP's ability to demonstrate that public money is being used to achieve maximum impact, with improvements also found in strategic planning, quality improvement, governance and oversight and alignment with other community planning priorities. A new area of assessment was introduced around the HADP's work being trauma informed and shaped by lived and living experience. This was also scored relatively high at 74% of respondents agreeing.

Six improvement actions were subsequently identified from the self-assessment in a partnership workshop, with two prioritised in 2026. These were agreed at the HADP strategy Group meeting on 9th February 2026.

Self-assessment is to be undertaken every 2 years, unless otherwise directed.

1.	Background
1.1	Alcohol and Drug Partnerships (ADPs) are encouraged to undertake self-assessment to discuss different member views on the effectiveness of the partnership and to identify areas for improvement. The Scottish Government (SG) provides a framework for undertaking self-assessment. It has 5 quality standards and 3 gradings of maintain, explore and develop ¹ .
1.2	When the self-assessment was undertaken in 2022, most of the elements were rated as develop and with some elements rated as explore. Notably, no areas were rated as maintain. These low ratings were reported to the CPP Board in Autumn 2023. No improvement plan had been agreed from that self-assessment.
1.3	As reported to the CPP Board in late 2023, the improvement plan for HADP for 2024 was developed from 30 interviews between the Chair and partners. Recurring themes emerged for improvement. These were agreed in the partnership and taken forward through to March 2025. Progress was agreed and reported through a new action tracker for the HADP considered at each strategy group meeting. Some improvement areas are now embedded in normal business e.g. improved performance reporting, financial grip and risk management.
2.	New self-assessment process
2.1	In the Spring of 2025 work began to undertake the self-assessment again, this time with support from the Local Authority (LA) Improvement Service (IS). The process was improved by: <ul style="list-style-type: none"> • using the experience of the IS in partnership self-assessment; • providing independent facilitation; • splitting the self-assessment into two stages, <ul style="list-style-type: none"> - an anonymous on-line survey using framework questions for partners to complete (using Likert scales and free text descriptions of what is effective and what could improve) and - an in-person follow up workshop to discuss results and agree next steps; • amending the language from the SG framework to reflect the current lead agency model in Highland; and • adding a 6th quality standard, 'the work of the ADP is trauma-informed and shaped by lived and living experience', developed by the HADP Co-ordinator.

¹ Develop means we do not fully demonstrate this standard currently and need to develop/discuss this further. Explore means we currently partly demonstrate this standard and may need further development. Maintain means we are confident that we demonstrate this standard.

2.2	<p>The 5 original quality standards and the new 6th standard are:</p> <ol style="list-style-type: none"> 1. The ADP has a strategic plan for delivery of identified outcomes which ensures adequate alignment with other aligned strategic plans. 2. The ADP can demonstrate public money is used to maximum benefit to deliver measurable outcomes for the local population in the delivery of strategic plans. 3. The ADP can demonstrate quality improvement in the delivery of outcomes. 4. The ADP can demonstrate appropriate governance and oversight in delivery of the strategic plan. 5. The work of the CPP Board and the ADP is aligned and the CPP Board is able to provide directions to partners in support of the ADP strategic plan. 6. The work of the ADP is trauma-informed and shaped by lived and living experience. 																												
2.3	<p>Most quality standards have sub-categories, 17 across the framework, and 76 survey questions in total. The survey took up to 30 minutes to complete. A wide group of stakeholders was invited to respond. There were 17 responses, providing a 50% response rate.</p>																												
2.4	<p>The survey was circulated in Summer 2025, responses were collated and reported in the Autumn with a workshop held for partners in November to consider next steps. The results for the whole process were produced by the IS in a full report in January 2026. Considerable improvement in self-assessment ratings is found between 2022 and 2025. The results were reported to the HADP strategy group meeting on 9th February, and the improvement actions were agreed.</p>																												
3.	<p>Results of the self-assessment</p>																												
3.1	<p>Overall, positive responses were found across all 6 standards as shown on the chart below. The majority of respondents agreed all of the standards are being met, ranging from 55% to 83% agreeing.</p> <p>1 Summary of Findings % of respondents who agree Highland Alcohol and Drugs Partnership (HADP) meets the following Quality Standards:</p>  <table border="1"> <thead> <tr> <th>Quality Standard</th> <th>Agree</th> <th>Disagree</th> <th>Don't Know</th> </tr> </thead> <tbody> <tr> <td>Quality Standard 1: The ADP has a Strategic Plan for delivery of identified outcomes which ensures adequate alignment with other aligned strategic plans</td> <td>83%</td> <td>6%</td> <td>11%</td> </tr> <tr> <td>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 the Strategic Plans</td> <td>63%</td> <td>7%</td> <td>30%</td> </tr> <tr> <td>Quality Standard 3: The ADP can demonstrate quality improvement in delivery of outcomes</td> <td>66%</td> <td>4%</td> <td>31%</td> </tr> <tr> <td>Quality Standard 4: The ADP can demonstrate appropriate Governance and Oversight in delivery of the Strategic Plan</td> <td>65%</td> <td>2%</td> <td>33%</td> </tr> <tr> <td>Quality Standard 5: The work of the CPP Board and the ADP is aligned and the CPP Board is able to provide directions to partners in support of the ADP Strategic Plan</td> <td>55%</td> <td>5%</td> <td>40%</td> </tr> <tr> <td>Quality Standard 6: The work of the ADP is trauma-informed and shaped by the lived and living experience</td> <td>74%</td> <td>2%</td> <td>24%</td> </tr> </tbody> </table>	Quality Standard	Agree	Disagree	Don't Know	Quality Standard 1: The ADP has a Strategic Plan for delivery of identified outcomes which ensures adequate alignment with other aligned strategic plans	83%	6%	11%	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 the Strategic Plans	63%	7%	30%	Quality Standard 3: The ADP can demonstrate quality improvement in delivery of outcomes	66%	4%	31%	Quality Standard 4: The ADP can demonstrate appropriate Governance and Oversight in delivery of the Strategic Plan	65%	2%	33%	Quality Standard 5: The work of the CPP Board and the ADP is aligned and the CPP Board is able to provide directions to partners in support of the ADP Strategic Plan	55%	5%	40%	Quality Standard 6: The work of the ADP is trauma-informed and shaped by the lived and living experience	74%	2%	24%
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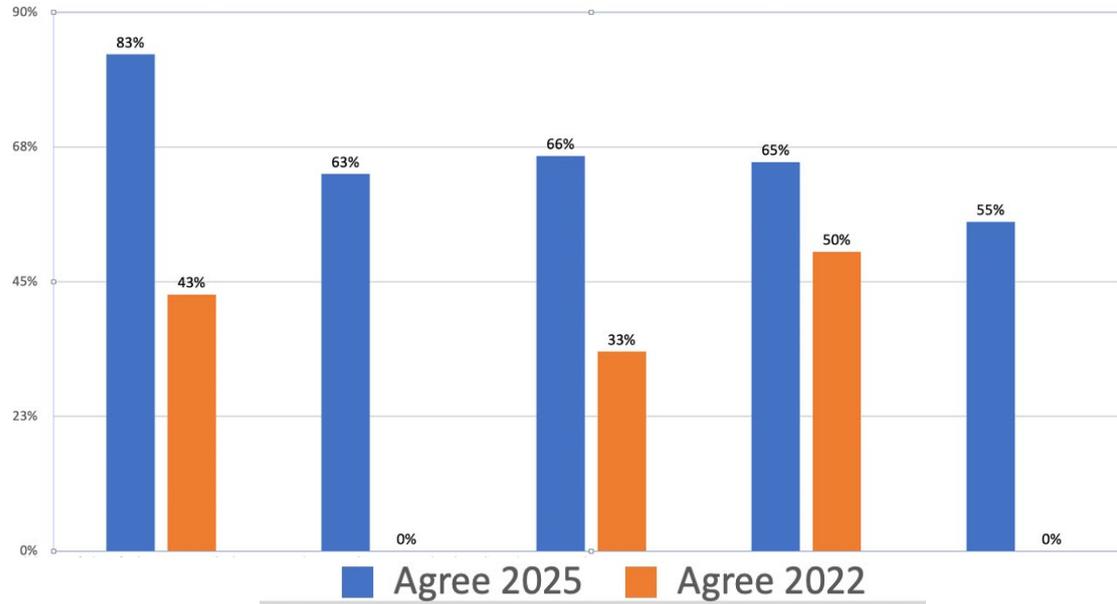
3.2 The lowest score is for quality standard 5, where 55% believed the work of the CPP Board and the ADP is aligned and the CPP Board is able to provide directions to partners in support of the ADP strategic plan. While the score has improved from 0% to 55% since 2022, this assessment should improve further given:

- the recent approval of the ADP strategic plan by the CPP Board;
- actions in the new strategy explicitly connecting HADP and CPP HOIP shared priorities. Progress will be reported to the HADP strategy group;
- the Chair continuing to provide written feedback to the strategy group after each CPP Board meeting; and
- continuing to have CPP members contribute to HADP meetings, plans and performance.

3.3 Very low scores are found for disagreeing the standards are being met. The 'don't know' responses, while in the minority, should be addressed. These may be addressed through awareness raising, improving communication and improving our understanding and evidence of impact and outcomes. A review of attendance at HADP meetings, where CPP links are made, may also refresh and refocus the membership to make sure that the right partners are engaged.

3.4 The full report showing the scores for all responses along with the evidence and improvement areas offered is available on the HADP website [here](#).

3.5 Comparing the results from both self-assessments across the original 5 standards shows considerable improvement in the % agreeing the standard is being met, as shown on the chart below.



3.6 Based on the survey responses, the IS summarised the strengths and potential areas for improvement across each standard. They are listed at Appendix 1. Several of these improvements (marked with *) are already included in the new strategic plan or are underway and some have completed.

3.7 The presentation of this information supported conversations in the November workshop on further refining the improvement priorities for each standard.

3.8	<p>Improvement actions were then identified, with the first two prioritised. They are:</p> <ol style="list-style-type: none"> 1. supporting a shift towards evidence-based and outcomes focussed funding and reporting; 2. continuing to ensure HADP includes the voices of people with lived and living experience of alcohol and drug use strategic planning in a meaningful, robust and trauma-informed way; 3. streamlining strategy planning and reporting processes across policy areas working to shared outcomes; 4. continuing to progress and strengthen risk assessment activities; 5. building capacity and capability for quality improvement activities across all areas of the HADP's work and wider areas of Public Protection; and 6. escalate actions to map resources across the HADP.
3.9	<p>Action is already planned with a partnership workshop scheduled for 2nd March to review the impact of all HADP funded activity using a prioritisation matrix agreed by partners. Actions 2 and 3 will continue to progress at each strategy group meeting and HIE has been approached to run another risk workshop in the summer to progress action 4. Action 5 is being developed mostly through the innovation subgroup. Action 6 can now be progressed following the filling of a vacant post in the team.</p>
4.	Risks and Mitigations
4.1	<p>Undertaking evidence-based self-assessment reduces the risk of the HADP being ineffective. Taking forward the improvement actions agreed in the partnership should mitigate any risks of the partnership being ineffective and lead to even more positive results next time.</p>
4.2	<p>The CPP Board has agreed that the HADP's self-assessment should continue on a two-year cycle. This means the planning for the next self-assessment would begin in Summer 2027, unless national requirements seek a different timescale.</p>
4.3	<p>A new Partnership Delivery Framework for ADPs is due to be published by the Scottish Government and Cosla in March 2026. This may include further information on expectations around self-assessment.</p>

<p>Impact Assessment</p> <ul style="list-style-type: none"> • Impacts on people, communities and equality groups <p>The self-assessment process included for the first time a section on the extent to which the ADP is trauma-informed and shaped by lived and living experience, with 74% believing this to be true. The importance of this is followed up in the action plan with a priority of continuing to ensure HADP includes the voices of people with lived and living experience of alcohol and drug use strategic planning in a meaningful, robust and trauma-informed. This includes consideration of protected characteristics. Direct input from the HADP's lived experience panel is provided at each strategy group meeting, often with stark findings and all are responded to and followed up in writing after the meeting to show progress with the issues raised.</p>
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- Impacts on resources, the environment and partnership working

There are no environmental impacts associated with this report. Resources and partnership working feature in both the self-assessment exercise and the action plan.

Author(s): Carron McDiarmid, Independent Chair HADP

Date: 24.2.26

Appendices: Strengths and areas for improvement produced by the Improvement Service in advance of the workshop to agree priorities.

Strengths and areas for improvement Identified by the IS from survey responses

*NB Those marked with * are either underway, planned or completed.*

Quality Standard 1: The ADP has a Strategic Plan for delivery of identified outcomes which ensures adequate alignment with other aligned strategic plans

83% agree HADP has a Strategic Plan for delivery of identified outcomes which ensures adequate alignment with other aligned strategic plans

Strengths

- The HADP has a strategy in place which aligns with other key plans and frameworks including *Rights, Respect and Recovery*, the *National Mission to Reduce Drug Deaths*, and the CPP's Local Outcome Improvement Plan.
- The outcomes in the strategy have been informed by a local needs assessment, with clear actions attached to each outcome.
- The HADP regularly meets with other areas of public protection to support alignment between plans.

Potential Areas for Improvement

- Explore increased membership from children's services to support closer alignment with strategic planning e.g. Education, Child Health, Social Care.*
- Improve visibility of how the HADP's Strategic Plan aligns with wider local and national strategies like health, justice, housing and social care so that all agencies can see the links clearly.*

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 the Strategic Plans

63% agree HADP can demonstrate public money is used to maximum benefit to deliver measurable outcomes for the local population in delivery of the Strategic Plans

Strengths

- Since 2024/25, a significant amount of work has been undertaken to improve understand of HADP's budget, ensure all expenditure is transparent and avoid any underspend. Quarterly financial reporting structures are now in place.
- The HADP directs its resources towards clearly defined priorities within its strategy with deep dives taking place to understand the outcomes being achieved through these investments.

Potential Areas for Improvement

- Explore opportunities to reduce duplication of effort by pooling budgets that are aiming to achieve similar outcomes.*
- Support a greater shift towards preventative spend.*
- Progress commitment in the draft strategy to move from grant funding to joint commissioning.*

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

66% agree HADP can demonstrate quality improvement in delivery of outcomes

Strengths

- Improvement methodologies and the Scottish Approach to Service Design has been used to develop safeguarding approaches and identify opportunities to improve outcome for people in specific settings (e.g. custody).
- The risk assessment discussions have led to a decision to form and innovation group to support continuous improvement.

Potential Areas for Improvement

- Although there are good examples of quality improvement work, this could be more embedded across the HADP.*

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

65% agree HADP can demonstrate appropriate Governance and Oversight in delivery of the Strategic Plan

Strengths

- Governance and accountability links were strengthened in 2024/25, with the Chair ensuring appropriate reporting into each CPP Board and Public Protection COG meeting.
- HADP has a governance framework. Regular meetings with documented minutes, action tracking and performance reviews help to provide transparency and progress monitoring.

Potential Areas for Improvement

- Governance can feel one way and strengthened feedback loops would help.
- Progress action in the new plan to produce an induction pack for new members to help clarify roles and responsibilities.*
- Progress work with other public protection independent chairs to improve integration and risk management to the COG.*

Quality Standard 5: The work of the CPP Board and the ADP is aligned and the CPP Board is able to provide directions to partners in support of the ADP Strategic Plan

55% agree the work of Highland CPP Board and the HADP is aligned and the CPP Board is able to provide directions to partners in support of the ADP Strategic Plan

Strengths

- The HADP organogram, CPP Board plans and the revised strategy for HADP demonstrate alignment between the HADP and CPP Board.
- The Independent chair is a member of the CPP Board. They regularly report to the board, and report back to HADP Strategy Group
- The CPP performance reports include ADP data

Potential Areas for Improvement

- Explore opportunities to strengthen support from the PPCOG and CPP Board. While the HADP reports into these groups, it would benefit from increased engagement to align plans.*

Quality Standard 6: The work of the ADP is trauma-informed and shaped by the lived and living experience

74% agree the work of the HADP is trauma-informed and shaped by the lived and living experience

Strengths

- People with lived and living experience are involved at different levels, from advisory groups/panels for various funding bids to a panel which feeds into the quarterly strategy group meetings. There has also been lived experience representation on recruitment panels, and lived experience was at the heart of the needs assessment process.
- All resources and training developed by HADP are trauma informed and person centred, and core staff are trained in trauma informed approaches

Potential Areas for Improvement

- Progress actions in the draft strategy to address stigma and support a trauma informed approach among wider professionals who are likely interact with people affected by alcohol and drugs.*
- Ensure feedback loops are in place to show how lived experience has influenced change and identify opportunities to engage with wider groups of people.*