



Moray Alcohol & Drug  
**Partnership**

# Commissioning Plan

2009-2011

# Commissioning Plan

## **Commissioning Strategy for Drug and Alcohol services in Moray 2009 – 2011**

Published by:

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## Introduction

During late 2009, The Moray Alcohol and Drug Partnership (MADP) developed its Strategy for addressing Alcohol and Drug related problems in the Moray area. Underlying principles of this Strategy are to work in partnership to provide prevention programmes and long term sustainable treatment and recovery services for substance misusers.

This Commissioning Plan is one of a series of documents that supports the implementation of this Strategy. It outlines our approach for securing, specifying and monitoring services at a strategic level.

These services will be commissioned through The Moray Council and will be delivered by statutory authorities in partnership with providers from the independent, voluntary and private sectors where these can be provided on an appropriate basis in terms of cost and quality. Our aim is to deliver excellent, accessible and personalized services that are focused on improving outcomes for those affected by substance misuse.

The MADP Finance and Commissioning Sub-group (MADP/FC) is responsible for making funding recommendations related to strategy outcomes. It oversees the management of the budget on behalf of the Partnership and makes recommendations regarding the commissioning of services.



# Commissioning Plan

The primary purpose in creating a Commissioning Plan for the Moray Alcohol and Drug Partnership is to implement a service commissioning process for alcohol and drug services in Moray which is needs-led, person-centred and provides the MADP with value for money.

## Principles of Commissioning

- Commissioning should be needs-led; at population, project or service and individual levels.
- Commissioning agreements should specify expected outcomes of services, not just inputs and outputs.
- Managerial and financial accountability should be aligned.
- Commissioning should be a dynamic process, involving service users and other key stakeholders and should respond to changing needs.
- Commissioning decisions should support the strategic objectives for services.

The commissioning process needs to:

- Be open, transparent and fair;
- Be fully auditable, accountable and legal;
- Have the confidence of the MADP, the Local Authority, the Commissioning Body, service users, providers and the wider partnership;
- Be well planned and managed, with a clear direction of travel;
- Enable participation by small as well as larger suppliers of alcohol and drug services;
- Provide value for money quality services; and
- Be underpinned by an evaluation process and ongoing monitoring system which manages performance and quality of service provision.

This document should be read in conjunction with the Moray Council's Corporate Procurement Strategy<sup>1</sup>, Moray Council's Policies and Procedures in relation to contracting and commissioning services<sup>2</sup> and the Moray Council's Standing Orders and Financial Regulations<sup>3</sup>.



## Outcome Based Commissioning

The purpose of outcome based commissioning is to focus resources on the achievement of results and positive outcomes for people who use services. It is cyclical in nature and includes understanding local needs and what interventions work, analysing capacity of delivery agencies to meet needs, identifying gaps in services, procuring outcomes and monitoring the delivery of outcomes.

An outcome specification is different to a service specification because it identifies the end result to be achieved, rather than the specific inputs and type of service required. It challenges suppliers to generate ideas and solutions thereby fostering innovation during the procurement process. The premise in specifying outcomes is that innovation in delivery can only be achieved between the supplier and the service user interface. By allowing suppliers freedom to submit innovative bids, compliance of appropriate standards to ensure compatibility can be built into outcome specifications.

Rules for developing specifications that will be followed are:

- Being specific in the outcomes to be achieved;
- Specifying the groups to be reached;
- Specifying the effective interventions to be delivered; and
- Not specifying how these should be done.

Implementing outcome based commissioning means a major shift from current commissioning models.

The overall aim for effective commissioning should be to move from single agency and parallel approaches to joint or even integrated approaches across all of the activities of outcome commissioning. This means that the key commissioners in NHS Grampian, The Moray Council, Grampian Police and the Third Sector work together in activities such as purpose and strategy, needs assessment, resource allocation and management, market monitoring and management and review.

The outcomes that will be delivered in Moray are listed in Appendix A

## What is Commissioning

Commissioning is the strategic function of identifying priorities, allocating resources and evaluation which:

- Spans the whole lifecycle of the service provision from the identification of needs, to the end of the service contract or the end of the useful life of the service;
- Includes option appraisal and the decision to either provide in-house or to tender the service;
- Achieves 'value for money' and chooses the bid that optimises Best Value; and
- Considers whole life costs and benefits to meet service users' requirements.



### To commission effectively the MADP must:

- Know what it needs to purchase;
- Know where to purchase from;
- Have a contracting process in place;
- Monitor what it purchases and ensure compliance with contracts;
- Encourage productive relationships both in-house and with external providers; and
- Review and evaluate services.

The principle of aligning managerial and financial accountability for commissioning is one promoted by Audit Scotland. On this basis, whoever has budget responsibility should be responsible for managerial decisions to commit resources through commissioning. In practice, it will often be a middle manager or team leader who is the responsible manager in commissioning.

The Moray Council officers who have specific procurement training will advise Lead Officers with budget responsibility in the process of commissioning and procurement. A list of trained officers is available from The Moray Council Procurement Section.

A summary of activities involved in the commissioning process and the relationship between commissioning and purchasing is included in the diagrammatic representation of the commissioning cycle above.

The responsibility of commissioning alcohol and drug services for the Moray Alcohol and Drug Partnership rests with the Finance and Commissioning Sub-group, supported by The Moray Council's Procurement Section.



Joint Commissioning is where two or more agencies pool their resources to implement a common strategy for providing services. The actual commissioning can be undertaken by one agency on behalf of all. The terms of a joint commissioning approach should be specified in writing so that funding streams and lines of responsibility between and across services are clear. The Moray Council Contracts Officers will advise and put a suitable agreement in place.



# Tendering

All decisions on the need to tender for new MADP services will be made by the relevant lead officer in consultation with their head of service and The Moray Council's Legal and Procurement Services. All decisions will be taken within the context of the Council's Procurement Policies and Standing Orders which are consistent with UK legislation and European Procurement Regulations.

As a general rule, it is The Moray Council's (acting on behalf of the MADP) policy that all new contracts with a value of more than £30,000 will be subject to a tendering process. For contracts valued at over £139,893, EU Directives must be followed. The Council's Procurement Officers and Legal Services will advise on whether or not the proposed contract may be considered exempt from tendering requirements.

Wherever possible, the MADP will actively involve service users and carers in tendering exercises, especially at the consultation stage.

## Matching Needs and Resources

Commissioning involves selecting the most suitable providers from among the potential providers of services, to meet particular needs. A tendering process ensures that this is done in a fair and transparent manner.

## Procurement and Tendering

Full Procurement and Tendering procedures are described in detail at Moray Procurements Procedure [www.moray.gov.uk/downloads/files51847.pdf](http://www.moray.gov.uk/downloads/files51847.pdf)

Drug and alcohol support services can be considered to fall within Part B services in the EU procurement regulations and whilst they do not have to comply with the full EU procurement regulations, all tender opportunities must be given adequate publicity.

All Local Authorities should consider in accordance with the procurement strategy and procurement risk assessment whether it should move to contract. Legal Departments will also be consulted.

## Risk Assessment

A commissioning risk assessment and options appraisal will be carried out on each contract. The assessment is essentially a process of looking at:

- the needs of the client group;
- the need for sustaining the existing service delivery arrangements;
- the supply of services locally; and
- funding and the risk of legal challenge.

A record of the evidence and decision process will be kept when a situation arises to issue full contract to the existing supplier without tendering the contract. The assessment will be carried out by the Lead Officer and contracts officer of the service. Expert advice, if needed, will be sought from procurement and legal professionals.

Where possible, the views of the client group should also be sought through questionnaires, individual meetings or public consultations or a mixture. Some services may be set up from scratch to meet a trend in need.

## **National Portal**

The 'Review of Public Procurement in Scotland' by John F McClelland CBE published in March 2006 recommended the requirement for a national advertising portal to provide an easy to use and effective resource for all purchasers and suppliers involved in public sector purchasing in Scotland.

The national portal will be accessible to suppliers and purchasers at no cost and will be used by central government and all other public sector contracting authorities operating in Scotland to advertise contracts and tendering opportunities and to record contract award information.

The MADP has a Procurement Plan in place which will be managed by The Moray Council Procurement Department (Appendix B).



## Implications for Key Stakeholders

Service users and carers are consulted on all stages of the redesign or commissioning of a service. Strategic commissioning intentions may not always be immediately visible to service users from the way in which services are delivered at a face-to-face level. The MADP Commissioning Plan, however, is intended to result in more sensitive decisions about how services are commissioned and delivered, by ensuring that there is careful checking of the effectiveness and quality of services and that these processes will feedback through the planning processes.

The Community Planning Partnership is the final arbiter of commissioning decisions and, more importantly, sets the policy goals of the MADP. Elected Members are closely engaged with senior officers with regard to major commissioning decisions and the Council, acting on behalf of the MADP, will continue to explore ways of improving communication and involvement. The Chair of the Healthier Strategic Group, within the Community Planning Partnership, will always be requested to sit on MADP tendering selection panel in the interest of fairness and transparency.

Voluntary and private sector providers are in a similar position to the statutory service provision staff in relation to evidencing effectiveness and best value. Where tendering is required in line with The Moray Council's Procurement Policies and European Procurement regulations, tendering processes will ensure that there is equitable treatment of all potential providers. (All procurement will be carried out by The Moray Council on behalf of the MADP).

Local voluntary organisations will be offered training in tendering through Moray Voluntary Service Organisation (MVS0).



# Needs Assessment

Tackling alcohol and drug related harm is one of the Scottish Government's key public health priorities. This is articulated within National Documents including 'Changing Scotland's Relationship with Alcohol' and 'The Road to Recovery'.

## Alcohol Misuse

Recent public reports have highlighted the significant escalation and negative impact excessive drinking is having on Scotland as a whole. As part of the Government's priority in tackling alcohol misuse and reducing the burgeoning cost to the country, which is estimated at £2.25 billion a year, further investment through NHS Boards has been committed as well as plans for strategic change in how those suffering from alcohol related problems are identified and treated.

The Moray Alcohol and Drug Partnership published a Strategic Assessment of Alcohol and Drug Misuse in September 2009. Some of the main findings in relation to alcohol misuse are as follows:

- The 2006/07 data suggested that alcohol dependence might be a significant problem in Moray, with the rate of alcohol dependence over twice that of the national average;
- 74.1% of alcohol-related patients in Moray were diagnosed with a mental and behavioural disorder due to the use of alcohol. This ranked Moray 10th highest of all local authorities, and above the Scottish average of 70.9%;
- The 2007/08 inpatient discharge figures also found that Moray recorded a relatively high percentage of inpatients (19.4%) with an Alcoholic Liver Disease, ranking Moray 7th highest of all local authorities in Scotland, and above the Scottish average of 16.1%;
- Of all alcohol-related discharges in 2006/07, 24% were for alcohol dependence against a national figure of 11%;
- Grampian Police data shows on average that in 58.5% of crimes committed between 2005 and 2008, the accused were either drunk or had been drinking. Of the offences committed, serious assault was recorded as the highest crime type where 85.5% of the accused were found to have been drinking prior to carrying out the assault;
- Moray has the 8th highest number of on-sale licences with 34 per 10,000 compared with the other Scottish local authorities, and well above the national average of 26;
- Moray is ranked even higher in off-sale licences, with 21 licences per 10,000 population aged 18 and over. This ranks Moray 5th highest out of all the Scottish local authorities, and well above the national average of 15; and
- In Moray, 65% of 13 year olds and 90% of 15 year olds have had an alcoholic drink at some point in their lifetime, which is slightly higher than the national findings and also higher than Aberdeenshire and Aberdeen City.

## Drug Misuse

In 2004, a report was published<sup>(1)</sup>, which provided estimates of the national and local prevalence of problem drug use<sup>(2)</sup> within Scotland in 2003. The research uses several data sources and statistical methods to obtain estimates of problem drug use at various levels within Scotland, focusing on 15-54yr olds. The report also provides estimates of the prevalence of drug injecting<sup>(3)6</sup> .

The research suggested that in 2003 there were 310 problem drug users in Moray, a prevalence rate of 0.66%. With the exception of the Orkney Isles and Eilean Siar, Moray has the lowest estimated prevalence rate in Scotland. The report further estimates that there were 111 injecting drug users in Moray, a prevalence rate of 0.24, the sixth lowest in Scotland.

Between 2002/03 and 2006/07, the number of new clients reported to the SDMD rose steadily from 56 to 115, an increase of 105%. However, 2007/08 has seen a drop, to 93 making a net increase of 66%. The national picture shows some fluctuation although the overall trend is marginally rising with a net increase between 2002/03 and 2007/08 of 9.5%. The rate for Moray for all new clients tends to be around half that of Scotland suggesting that the problem in Moray is not as severe as nationally.

By far the most commonly reported illicit drug in Moray is heroin. Both police and drugs services have recently warned of a significant increase in the use of diazepam and other benzodiazepines, particularly in relation to polydrug use. This is of particular concern when mixed with alcohol when it can be very problematic and in some cases, provoke violent behaviour. The concern has led to less prescribing of diazepam to drug misusers, a trend seen strongly in Moray. However, alternative sources such as the internet, and a massive increase in illegal imports, both genuine and counterfeit, has created greater availability and a more consistent supply, and is likely to be exacerbating the problem<sup>7</sup>.

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<sup>(1)</sup> The results of research funded by the Substance Misuse Division of the Scottish Executive and carried out jointly by the Centre of Drug Misuse Research at the University of Glasgow and the Scottish Centre for Infection and Environmental Health

<sup>(2)</sup> For the purposes of the study, problem drug use is defined as opiate and/or benzodiazepine use (which includes the prescribed use of methadone and assumes that all illicit use of those drugs or the use of methadone is considered problematic)

<sup>(3)</sup> Defined as the injecting of any drugs, not necessarily opiates or benzodiazepines (but excluding the injecting of steroids)

# Market Analysis

## Target Group

The Moray Alcohol and Drug Partnership wish to target all sectors; Statutory, Voluntary and Private, in delivering the best possible outcomes for the people of Moray.

The remote and rural location of Moray has an impact on the ability to attract new providers.

It is hoped that we can attract both national and local organisations to deliver services in Moray specifically around alcohol and drug issues. The Moray Alcohol and Drug Partnership, through The Moray Council, will enter into contractual arrangements with those who declare an interest and are able to fully evidence delivery on outcomes.



## Current Substance Misuse Services Provided

Moray has currently four main providers of services covering Tier 1 to Tier 4. All Tier 4 residential services are contracted out of area.

The Moray Council and NHS Grampian work together to provide the Integrated Alcohol and Drug Service. This service provides a wide range of treatment interventions including:

- Assessment;
- Individual care packages;
- Home detoxification;
- Specialist GP Sessions;
- Specialist Psychiatry Consultations;
- Advice and support;
- Child centred interventions;
- Substitute Prescribing;
- Education and training; and
- Sexual health information.

Turning Point Scotland provides a Direct Access to Services through their project Studio 8. This service provides:

- Direct access to support;
- Assessment;
- Time limited support interventions;
- Signposting;
- Information and advice;
- Family support; and
- Needle Exchange.

Moray Council on Addictions provide treatment services which include:

- Assessment; and
- Counselling in addictions.

# Service Development Priorities for Moray

Prior to commissioning a service, the MADP needs to be clear regarding the outcome it is seeking to deliver and the target group the service is aimed at. Services need to span the range of prevention, treatment and recovery pathways. The services need to underpin our strategic priorities. These are articulated in MADP's Strategy.

The priorities for developing services within the Moray area must also be influenced by the specific needs of the area. The extent of alcohol misuse and associated problems in the Moray area is disproportionately high compared to many other areas of Scotland and this will have an influence in shaping services and prioritising resources over the coming months and years.

It is clear that within Moray there are already a number of services that effectively provide treatment. Our aim must be to further enhance these services by providing clearer access routes and firmly embed them in a framework that promotes long term and sustainable recovery. These services should cater for all groups including those under 16 years of age. This is an area for further development.

Many of the services currently delivered for Moray are based within Elgin. Our assessment of needs over the period of this plan will consider if there are services currently being delivered which should be provided in other areas of Moray. These decisions will be influenced by demand for services and current gaps in provision as determined by feedback from service users and providers and available statistical data.

In terms of prevention activity, further work is required to determine what interventions are effective and who should be targeted. Alcohol Brief Interventions are being delivered by General Practitioners in the area although uptake has, to date, been slow. The situation continues to be monitored.

If we are to influence the behaviours and choices people make with regard to alcohol consumption and the use of drugs, we must provide them with the information to make appropriate decisions. This requires education and a shift in cultural thinking. This can not be achieved with a singular or short term approach. The message delivered must be consistent and appropriate to the audience.

Inputs are already delivered to some schools within the Moray Area. The MADP will seek to ensure the approach is consistent across the region and delivered to the appropriate age group. Increasingly, it is recognised that this message needs to be delivered to children of primary school age.

Other services currently aimed at children include Operation Avon which targets underage drinking. This is a multi-agency approach unique to Moray which has been commended by Audit Scotland as good practice. The MADP will consider whether opportunities exist to further enhance these interventions.



## Monitoring, Evaluation and Review

The commissioning, purchasing and provision of treatment services is controlled through legislation and best practice guidelines aimed at ensuring both clinical excellence and cost effectiveness. A key role for both commissioner and provider is to have in place structures and systems for monitoring the key elements of the service agreement as it applies to them. Moray Council's Procurement staff will act as commissioners for the MADP.

For commissioning to be effective, there needs to be clarity of understanding in what the commissioner seeks and what the provider can supply. It is important for both to jointly agree service specifications and that appropriate safeguards are put in place to monitor client numbers, waiting times, clinical risk and cost. Therefore, in order to have an effective and efficient monitoring process, it is important to establish at a very early stage what information is required from service providers and that the structures are in place to facilitate this.

Work undertaken jointly by commissioners and service providers in the past through the MDAAT and more recently through the MADP Management and Performance Sub-group has led to the establishment of a Moray Delivery Plan. This will provide the basis for all data sets required to be collected by providers both quantitatively and qualitatively. Any additional information sought by the providers will be agreed beforehand and contained in a service level agreement between commissioner and provider.

Each quarter, commissioners and providers, through a management consortium, meet to discuss the progress of contracts held and will share information as to client numbers, emerging issues, clinical risk and service development.

Monthly reports will be submitted to the Moray Alcohol and Drug Partnership.

Commissioners acknowledge that the needs of substance misusers are complex and in constant change. Therefore it is important to understand that this Commissioning Plan should not be viewed as a singular, stand alone document, but that the commissioning process is ongoing and will evolve to meet identified need and changes in demand.

The Moray Alcohol and Drug Partnership will monitor the Plan's progress on a monthly basis and an overall review will be undertaken annually.

The monitoring of service provision will be undertaken by the MADP Management and Performance Sub-group on behalf of the MADP. This will be supported by the Finance and Commissioning and Workforce Development Sub-groups.

Specific arrangements are agreed with service providers with regard the content of monthly reports and these are detailed in the service level agreements held between commissioner and provider.



## Appendix A Service Outcomes

- |  |  |
|--|--|
| <b>Activity</b>                                  | <ul style="list-style-type: none"><li>• Number of new referrals</li><li>• Number of Single Shared Assessments completed</li><li>• Number of service users who have children</li></ul>  |
| <b>Access to services</b>                        | <ul style="list-style-type: none"><li>• Making appropriate referrals</li><li>• Service users satisfaction with referral process</li><li>• Service users access to GP's</li><li>• Service user seen within rural area</li><li>• Improved access to suitable accommodation</li></ul>   |
| <b>Substance misuse behaviour</b>                | <ul style="list-style-type: none"><li>• Not using illicit drugs</li><li>• Clients becoming drug free</li><li>• Reduction in the use of prescription drugs</li><li>• Reduction in the use of illicit drugs</li><li>• Reduction in risk-taking behaviour</li><li>• Changes in the method of use</li><li>• Not consuming alcohol</li><li>• Reduction in the consumption of alcohol</li></ul>  |
| <b>Physical, Psychological and Mental Health</b> | <ul style="list-style-type: none"><li>• Improvement in Physical Health</li><li>• Improvement in psychological health/emotional wellbeing</li><li>• Improvement in mental health</li><li>• Improvement in self management of BBV</li><li>• Reduction in hospital admissions</li></ul>   |
| <b>Education, Training and Employment</b>        | <ul style="list-style-type: none"><li>• Improved employability skills</li><li>• Moved into employment</li><li>• Improved engagement with education/training</li><li>• Improved engagement with voluntary work</li><li>• Improved literacy and numeracy skills</li></ul>  |
| <b>Parenting/Children</b>                        | <ul style="list-style-type: none"><li>• Improved parenting capacity</li><li>• Improved supportive environment for children</li><li>• Improved participation in family activities</li><li>• Improved protection of children</li></ul>   |
| <b>Criminal Activity</b>                         | <ul style="list-style-type: none"><li>• Reduction in criminal activity</li><li>• Improved personal safety</li></ul>  |
| <b>Housing and Accommodation</b>                 | <ul style="list-style-type: none"><li>• Improved ability to sustain a tenancy</li><li>• Improved independent living skills</li><li>• Improved ability to live independently</li><li>• Improved suitability of accommodation</li></ul>  |
| <b>Personal Development</b>                      | <ul style="list-style-type: none"><li>• Improved personal relationships</li><li>• Improved ability to manage finances</li><li>• Increased motivation to change</li><li>• Increased feeling of being able to make positive choices</li><li>• Increased ability to manage own behaviour</li><li>• Increased understanding of impact of substance use on carers/family member/children</li><li>• Increased confidence and self esteem</li></ul> |



## Appendix B

### Tendering- Formal Process for MADP and predicted timescales

Activity	Proposed time spent	Allocated Officer	Completion Date
Obtain service specifications from other local authorities Scottish Government - Pathways	Complete	Contracts Officer/Drug & Alcohol Development Officer	30 July 2009
Commissioning Plan completed	Complete	Drug & Alcohol Development Officer	23 Dec 2009
Consultation with stakeholders on specification (i.e. current providers, Service Users)	1 Month	Drug & Alcohol Development Officer	Feb 2010
Needs Analysis	3 Months	Drug & Alcohol Development Officer	Mar – May 2010
Procurement Plan to Fin & Comm Sub-Group	2 weeks	Procurement Officer	14 May 2010
Service specification and PQQ completed. ITT and Evaluation Doc drafted	2 Months	Drug & Alcohol Development Officer/ Procurement Officer Service Manager CJ	May – Jul 2010
Arrange PQQ Evaluation and confirm dates for Tender evaluation	1 day	CPP Chair, F&C Chair, Drug & Alcohol Development Officer, Service Manager CJ, Procurement Officer	1 Sep 2010
Advertise PQQ	1 day	Procurement Officer	1 Oct 2010
PQQ return	1 day	Procurement Officer	8 Nov 2010
PQQ Evaluation	1 day	CPP Chair, F&C Chair, Drug & Alcohol Development Officer, Service Manager CJ, Procurement Officer	15/16 Nov 2010

Activity	Proposed time spent	Allocated Officer	Completion Date
Finalise ITT and Evaluation Doc	2 days	Drug & Alcohol Development Officer/ Procurement Officer Service Manager CJ	29/30 Nov 2010
Invitation to tender issued to selected providers	1 day	Procurement Officer	1 Dec 2010
Issue T Form to Ctte Services	1 day	Procurement Officer	5 Jan 2011
Opening of tenders	1 day	Committee Services	12 Jan 2011
Tender evaluation	1 day	CPP Chair, F&C Chair, Drug & Alcohol Development Officer, Service Manager CJ, Procurement Officer	13/14 Jan 2011
Tender clarification meetings	1 day	CPP Chair, F&C Chair, Drug & Alcohol Development Officer, Service Manager CJ, Procurement Officer	17/18 Jan 2011
Tender award	1 day	Procurement Officer	19 Jan 2011
10 day standstill period	10 Days	Procurement Officer	20 -31 Jan 2011
Contract mobilisation period	2-3 months	Drug & Alcohol Development Officer Supplier	1 Feb – 31 Mar 2011
Contract commencement		Drug & Alcohol Development Officer Supplier	1 Apr 2011

## References

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