



Report To: Inverclyde Alliance Board **Date:** 6 December 2021
Report By: Allen Stevenson **Report No:**
Interim Corporate Director (Chief
Officer)
Inverclyde Health and Social Care
Partnership (HSCP)
Contact Officer: Kenny Leinster **Contact No:** 01475
Independent Chair of Inverclyde 715284
Alcohol and Drug Partnership
Subject: Inverclyde Alcohol and Drug Partnership Update

1.0 PURPOSE

1.1 The purpose of this report is to present an update to the Inverclyde Alliance Board of the Inverclyde Alcohol and Drug Partnership.

2.0 SUMMARY

2.1 Scottish Government requires each Alcohol and Drug Partnership (ADP) to prepare an ADP Strategy and Delivery Plan and submit these for approval.

2.2 These reports set out how the ADP intend to implement the national outcomes outlined in the national strategic documents "*Rights, Respect and Recovery: Alcohol and Drug Treatment Strategy*" and the "*Alcohol Framework: Preventing Harm: Next Steps on Changing our Relationship with Alcohol*".

2.3 Each ADP is also required to submit an annual report of progress made on the actions outlined in these plans. The Inverclyde ADP Annual Report 2020/2021 is attached in Appendix 1.

2.4 The ADP Annual Report outlines key areas of work related to the 5 national outcomes:

- Fewer people develop problem alcohol and drug use.
- People access and benefit from effective, integrated person-centred support to achieve their recovery
- Children and families affected by alcohol and drug use will be safe, healthy, included and supported.
- Vulnerable people are diverted from the justice system wherever possible, and those in the system are fully supported.
- A Scotland where less harm is caused by alcohol.

2.5 In January 2021 the First Minister announced a new National Drugs Mission and a five year commitment of £250 million. The National Drugs Mission includes the following five key areas:

- Fast and appropriate access to treatment;
- Residential rehabilitation;
- The creation of a more joined-up approach that supports people living with drug addiction to address all the underlying challenges that they face and which ensures better support after near-fatal overdoses;
- The vital role of front-line, often third sector organisations; and
- Exploring ways to overcome the barriers to introducing overdose prevention facilities.

2.6 The national Medication Assisted Treatment (MAT) standards were published in June 2021 with the expectation that these will be implemented locally by March 2022.

2.7 Inverclyde ADP appointed an Independent Chair who commenced post in May 2021. This update therefore focuses on most recent activity.

3.0 RECOMMENDATIONS

3.1 It is recommended that the Inverclyde Alliance Board:

- a. Agree and give comment on the Inverclyde Alcohol and Drug Partnership update.

Allen Stevenson
Interim Corporate Director (Chief Officer)
Inverclyde HSCP

4.0 BACKGROUND

4.1 Alcohol and Drug Partnerships are required to submit to Scottish Government a three year ADP Strategy and Delivery Plan (2020-23) detailing plans measured against the national outcomes outlined in the Rights, Respect and Recovery Strategy, including relating to Drug Related Deaths and the Alcohol Framework 2018 as outlined below:

- A recovery orientated approach which reduces harms and prevents deaths;
- A whole family approach;
- A public health approach to justice;
- Prevention, education and early intervention; and
- A reduction in the affordability, availability and attractiveness of alcohol.

4.2 Currently these form the basis of what ADP are required to report in their Annual Report, and Inverclyde's ADP Annual Report 2020/2021 is attached in Appendix 1.

4.3 Following the NRS publication of drug related deaths in December 2020, the First Minister announced a new National Drugs Mission and a five year funding commitment of £250 million. The National Drugs Mission includes the following five key areas:

- Fast and appropriate access to treatment;
- Residential rehabilitation;
- The creation of a more joined-up approach that supports people living with drug addiction to address all the underlying challenges that they face and which ensures better support after near-fatal overdoses;
- The vital role of front-line, often third sector organisations;
- Exploring ways to overcome the barriers to introducing overdose prevention facilities.

4.4 As outlined in a letter to ADP Chair's in June 2021; Inverclyde ADP has been allocated additional funding for 2021-2022 of:

- £81,537 to support priorities of National Mission;
- £81,537 to support access to residential rehabilitation; and
- £57,076 to support implementation of a Whole Family Approach.

4.5 At the same time, the Scottish Government published the Medication Assisted Treatment (MAT) Standards in June 2021 with a view to these being implemented locally by March 2022. The ten MAT standards are:

1. All people accessing services have the option to start MAT from the same day of presentation.
2. All people are supported to make an informed choice on what medication to use for MAT, and the appropriate dose.
3. All people at high risk of drug-related harm are proactively identified and offered support to commence/continue MAT.
4. All people are offered evidence based harm reduction at the point of MAT delivery.
5. All people will receive support to remain in treatment for as long as requested.
6. The system that provides MAT is psychologically informed (tier 1); routinely delivers evidence-based low intensity psychosocial interventions (tier 2); and supports individuals to grow social networks.
7. All people have the option of MAT shared with Primary Care.

8. All people have access to advocacy and support for housing, welfare and income needs.
9. All people with co-occurring drug use and mental health difficulties can receive mental health care at the point of MAT delivery.
10. All people receive trauma informed care.

4.6 Inverclyde ADP has therefore developed a roadmap “plan on a page” that builds on our existing ADP Delivery Plan, including the locally agreed ADP pillars, that now also include our National drugs mission priorities of:

- Drug Related Deaths;
- Residential Rehabilitation;
- Recovery Communities and
- Joined-Up Approach

4.7 In 2020 there were 1,339 drug-related deaths in Scotland. This is a 5% increase since 2019, with the age standardised rate per 100,000 population being 25.2 in Scotland. In NHS GG&C there were 444 drug-related deaths, an increase of 9.9% on 2019, the highest ever recorded. Here the 2016-2020 average deaths per 100,000 is 30.3, with Glasgow City being 38.6 and Inverclyde being 34.5. While Inverclyde has seen no rise in the number of drug-related deaths from 2019, remaining at 33; as outlined by the 5 year average rate outlined above; Inverclyde remains the third highest rate only compared to Glasgow at 38.6 and Dundee at 43.1.

4.8 Inverclyde Alcohol and Drug Partnership’s Drug Death Prevention Action Plan focuses on actions related to the national Drug Death Taskforce priorities. Over the last year good progress has been made in several key actions including:

- Through Drug Death Task Force funding we have recently appointed a Naloxone Link Worker and established assertive outreach to ensure support within 48 hours to anyone who has had a non-fatal overdose.
- Inverclyde ADP has commissioned Early Intervention posts in Moving On to work closely with ADRS to offer an additional level of support for people at the early but critical stage of their recovery journey.
- Inverclyde ADP has secured funding from the national Drug Death Task Force to employ Peer Navigators in Greenock Police Custody as a means of offering early help to people while in police custody as well as being a bridge into accessing community support when leaving custody. This is a test of change with the potential to influence practice across Scotland. Analysis from the 2019 drug-related deaths in Inverclyde indicated that 30.3% of people were in police custody in the six months prior to their death.
- Following an options appraisal; Inverclyde ADP’s preferred option for a local residential rehabilitation model is to replicate the Fife Intensive Rehabilitation and Substance Misuse Team (FIRST) in Fife which is cited as a best practice example. Following discussions with Turning Point Scotland, it was agreed that a joint bid be submitted to the Corra Improvement Fund to fund the posts for this model including a Lead Practitioner, Band 6 Nurse and Admin support. Inverclyde ADP will commit match-funding costs towards residential rehabilitation and any necessary detox placements. We are waiting for confirmation from Corra if this bid has been successful.
- Inverclyde ADP has commissioned a Recovery Development Coordinator post who has a central role in the development of a recovery community and also supporting the Lived Experience Network (LEN). The LEN hosted an event attended by over 50 people as part of recovery month titled "Shine a light on recovery".

- Inverclyde ADP is funding a Recovery Hub venue that will be open seven days a week, including evenings providing a range of support delivered by partners.
- Inverclyde ADP has developed our first strategy and action plan to address stigma titled “Being Accepted”. The Scottish Drugs Forum are facilitating three training sessions over the coming months for staff.
- A further hugely significant milestone this year was that there were two vigils organised by various third sector organisations, to remember all those who have lost their life following a drug death.
- Inverclyde ADP has also commissioned Scottish Families Affected by Drugs and Alcohol to provide that essential support to families, both on a one-to-one level but also in a group setting. SFAD also provide a postal Naloxone service.
- An essential element of people’s recovery is often about restoring relationships with their families. Inverclyde ADP has therefore approved funding of 40 places for staff to attend Community Reinforcement and Family Training (CRAFT).

4.9 Partners recognise that these actions will take time before achieving the overall ambition of reducing the unacceptable number of drug related deaths in Inverclyde. However, already by the actions highlighted there is a sense of igniting hope in our community and demonstrating compassion.

5.0 IMPLICATIONS

5.1 Legal:

There are no legal implications in respect of this report.

5.2 Finance:

There are no financial implications in respect of this report.

5.3 Human Resources

There are no Human Resources issues within this report.

5.4 Equality and Diversity:

This report does not introduce a new policy, function or strategy or recommend a change to an existing policy, function or strategy. Therefore, no Equality Impact Assessment is required.

5.5 Inequalities:

Addressing inequalities is a key focus for Inverclyde Alcohol and Drug Partnership and underpins the whole model.

6.0 CONSULTATION

6.1 This report was developed with partners of the Inverclyde Alcohol and Drug Partnership.

7.0 LIST OF BACKGROUND PAPERS

7.1 Inverclyde ADP Annual Report 2020 / 2021



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ALCOHOL AND DRUG PARTNERSHIP ANNUAL REVIEW 2020/21 (*Inverclyde Alcohol and Drug Partnership*)

- I. Delivery progress
- II. Financial framework

This form is designed to capture your **progress during the financial year 2020/2021** against the [Rights, Respect and Recovery strategy](#) including the Drug Deaths Task Force [emergency response paper](#) and the [Alcohol Framework 2018](#) We recognise that each ADP is on a journey of improvement and it is likely that further progress has been made since 2020/21. Please note that we have opted for a tick box approach for this annual review but want to emphasise that the options provided are for ease of completion and it is not expected that every ADP will have all options in place. We have also included open text questions where you can share details of progress in more detail. Please ensure all sections are fully completed. **You should include any additional information in each section that you feel relevant to any services affected by COVID-19.**

The data provided in this form will allow us to provide updates and assurance to Scottish Ministers around ADP delivery. The data will also be shared with Public Health Scotland (PHS) evaluation team to inform monitoring and evaluation of drugs policy.

We do not intend to publish the completed forms on our website but encourage ADPs to publish their own submissions as a part of their annual reports, in line with good governance and transparency. All data will be shared with PHS to inform drugs policy monitoring and evaluation, and excerpts and/or summary data from the submission may be used in published reports. It should also be noted that, the data provided will be available on request under freedom of information regulations.

In submitting this completed Annual Review you are confirming that this partnership response has been signed off by your ADP, the ADP Chair and Integrated Authority Chief Officer.

The Scottish Government copy should be sent by **Wednesday 14th October 2021** to: drugsmissondeliveryteam@gov.scot



NAME OF ADP: Inverclyde Alcohol and Drug Partnership

Key contact:

Name: Ann Wardlaw

Job title: ADP Coordinator

Contact email: ann.Wardlaw@inverclyde.gov.uk

I. DELIVERY PROGRESS REPORT

1. Representation

1.1 Was there representation from the following local strategic partnerships on the ADP?

Community Justice Partnership	<input checked="" type="checkbox"/>
Children's Partnership	<input checked="" type="checkbox"/>
Integration Authority	<input checked="" type="checkbox"/>

1.2 What organisations are represented on the ADP and who was the chair during 2020/21?

ADP Chair, Louise Long, Corporate Director, Inverclyde HSCP

Representation

The public sector:

Police Scotland	<input checked="" type="checkbox"/>
Public Health Scotland	<input type="checkbox"/>
Alcohol and drug services	<input checked="" type="checkbox"/>
NHS Board strategic planning	<input checked="" type="checkbox"/>
Integration Authority	<input checked="" type="checkbox"/>
Scottish Prison Service (where there is a prison within the geographical area)	<input checked="" type="checkbox"/>
Children's services	<input checked="" type="checkbox"/>
Children and families social work	<input checked="" type="checkbox"/>
Housing	<input checked="" type="checkbox"/>
Employability	<input checked="" type="checkbox"/>
Community justice	<input checked="" type="checkbox"/>
Mental health services	<input checked="" type="checkbox"/>
Elected members	<input checked="" type="checkbox"/>
Other	<input checked="" type="checkbox"/> SFRS, Community Safety Partnership, Education

The third sector:

Commissioned alcohol and drug services	<input checked="" type="checkbox"/>
Third sector representative organisation	<input checked="" type="checkbox"/>
Other third sector organisations	<input checked="" type="checkbox"/> SFAD, Your Voice, CVS Inverclyde

People with lived / living experience	<input checked="" type="checkbox"/>
Other community representatives	<input type="checkbox"/> Please provide details.....
Other	<input type="checkbox"/> Please provide details.....



1.3 Are the following details about the ADP publically available (e.g. on a website)?

- Membership
Papers and minutes of meetings
Annual reports/reviews
Strategic plan <http://www.inverclydeadp.org.uk>

IADP website has a wide range of information and available supports / resources. We have continually updated details of supports available during the pandemic. We recognise the website is needing a re-design and this will be a key action in our ADP Communication Strategy and Communication Plan as referenced in our ADP Delivery Plan 1.1.

1.4 How many times did the ADP executive/ oversight group meet during 2020/21?

The ADP Committee met quarterly.

The dates of meetings were:

18th May 2020,
17th August 2020,
2nd November 2020,
22nd February 2021

The ADP Executive met five times:

9th June 2020,
3rd August 2020,
18th October 2020,
25th January 2021,
22nd March 2021

1.5 Please give details of the staff employed within the ADP Support Team

Job Title	Whole Time Equivalent
1. ADP Coordinator.	1.0 WTE (Current postholder commenced 21.12.20)
2. ADP Admin.	0.5 WTE (Contract Start Date – 07.09.20)
3. ADP Support Officer.	1.0 WTE (Contract Start Date – 05.01.21)
Total WTE	– 2.5



2. Education and Prevention

2.1 In what format was information provided to the general public on local treatment and support services available within the ADP?

Please tick those that apply (please note that this question is in reference to the ADP and not individual services)

Leaflets/ take home information	<input checked="" type="checkbox"/>
Posters	<input checked="" type="checkbox"/>
Website/ social media http://www.inverclydeadp.org.uk	<input checked="" type="checkbox"/>
Accessible formats (e.g. in different languages)	<input checked="" type="checkbox"/>
Please provide details...This would be available on request....	
Other	<input type="checkbox"/>
Please provide details.....	

2.2 Please provide details of any specific communications campaigns or activities carried out during 19/20 (E.g. Count 14 / specific communication with people who alcohol / drugs and/or at risk) (max 300 words).

Police Scotland in partnership with Inverclyde Council Education & Communities continued to support a local campaign of Crimestoppers and Fearless (the latter targeting young people). Both Inverclyde Council and Police Scotland used the #doyouknow social media campaign in response to the Large Scale Youth Gathering Action Plan.

In November 2020 the Inverclyde Council Schools Health and Wellbeing Survey 2019 was presented to the Inverclyde Council Education and Communities Committee. The aim of the 2019 Health and Wellbeing survey was to gather current demographic information on the secondary school pupil population, report trend data on key areas of health, and gain an understanding of individual pupil perceptions of their own health and wellbeing. This type of engagement with young people has given them a voice and provides a platform to influence future service delivery based on their needs, attitudes and behaviours. The survey included questions on the topics of alcohol and drugs and provides an opportunity to consider the responses of young people as a platform for discussion within the 2021 Clyde Conversations.

Social Media Awareness Raising Campaigns included:

- Several different COVID 19 Campaigns: listing the impact on various services and their provision to the public on both a local and national level; safety information; where to go for advice/information and the NHS national guidance to all citizens.
- A COVID campaign designed for the summer holiday season.
- Foetal Alcohol Spectrum Disorder FASD Information.
- Alcohol Awareness Week.
- Festive Campaign including Dry January.
- The Fearless Campaign, which aims to target the availability of drugs, focusing on community safety was launched. This campaign allows young people to report any concerns they have via a confidential online reporting form.



2.3 Please provide details on education and prevention measures/ services/ projects provided during the year 19/20 specifically around drugs and alcohol (max 300 words).

Rocket Science was commissioned and produced 'A Review of Alcohol and Drug Education and Prevention Services across Inverclyde (2020). Inverclyde Alcohol and Drug Partnership.' The review document considered a number of issues and proposed eight recommendations that were all accepted and form the basis of actions going forward on how the current offer of alcohol and drug prevention and education in Inverclyde could be developed. The commissioning of the review document saw the creation of a Prevention and Education Sub-Group who will lead on this.

All the actions agreed within the Prevention and Education Sub Group have been affected by Covid-19 and the sub group will work to deliver upon these actions over 2021/2022.

Specific to education in 2020 we finalised our Education Health and Well Being HWB Strategy which takes into account education around prevention measures with respect to drugs and alcohol and details resources to support delivery of the curriculum. This was written by a range of partners, strongly supported by Educational Psychology. We now have an Inverclyde Education HWB blog where resources and information on partners will be continually updated. This is the work of a newly formed blog group of practitioners from all sectors who will maintain this and ensure that most current information is on hand. All teachers in the authority have access to this to enhance delivery in their establishment. Earlier in the year, Port Glasgow high School presented to all head teachers on the work that they have been doing to take forward the necessary actions that arose from the results of the Inverclyde 2019 HWB survey to ensure that all establishments continue to focus on outcomes for pupils.

2.4 Please provide details of where these measures / services / projects were delivered

There was the establishment of a steering group within St Stephens High School to understand the most appropriate way to communicate with young people around the prevention and education of alcohol and drug issues. Due to the Covid-19 pandemic, Community Learning and Development have moved to a detached youth work model whereby youth workers are deployed to areas across Inverclyde. This allows a flexible approach to emerging areas where community concerns have been raised, to establish relationships with young people who may not have engaged in a traditional youth work setting, to provide a preventative message around alcohol and drugs and to support any young people who may be under the influence of alcohol and/or drugs.

Also in Education Settings there was: Head teacher meetings, HWB Implementation Group, HWB coordinator sessions. We also offered training on delivering drug education to pupils.

- Formal setting such as schools
- Youth Groups
- Community Learning and Development
- Other – please provide details

Other please see above in 2.4. Youth workers deployed to areas across Inverclyde.

2.5 Please detail how much was spend on Education / Prevention activities in the different settings above

- Formal setting such as schools
- Youth Groups
- Community Learning and Development



Other – please provide details

£87,752 – Please note this includes prevention, licensing objectives and ABI's (Table B, pg26)
It must also be noted that ADP partners will also contribute in kind in these activities.

2.6 Was the ADP represented at the Alcohol Licensing Forum?

Yes
No

Please provide details (max 300 words)

As a result of the pandemic and operational demands, the Inverclyde Licensing Forum was not in operation during the reporting period April 1st until March 31st 2021. The Alcohol Licensing Forum has subsequently reconvened in 2021.

2.7 Do Public Health review and advise the Board on license applications?

All
Most
Some
None

Please provide details (max 300 words)

There are four standing Board meeting per year, held in March, June, September and December. During 2020 – 2021 the Board dealt with applications as detailed below:

11 Major Variation Applications;
5 Extended hours Applications;
1 Premises Licence Application;
6 Provisional Premises Licence Applications;
2 Reviews of Premises Licence;
1 Personal Licence Application;
1 Festive Season Policy;
27 Applications for extended hours over the Festive Season:
1 Occasional Licence.

36 applications were granted in some form, 19 applications were refused and 2 not called.

During this time frame most applications were refused due to extended hours requests over the Festive Season. The Health and Social Care Board in partnership with Police Scotland raised objectives when applications were out with The Boards Policy as part of the due process of License Board Decision Making. Inverclyde HSCP responds to most applications, describing demographics, inequalities, alcohol related harm and hospital admissions in the area as well as impact on children.

The Licensing Board continues to be concerned at the health statistics relative to alcohol related illness within the Inverclyde area and has incorporated a number of conditions into its policy and premises licences to combat this. Examples include that no children should be seated at the bar area in any licensed premises regardless if they are taking a meal or not. This is an attempt to combat the normalisation of children sitting at a bar. In addition, there is also a presumption of refusal where licences are sought for the sale of alcohol at sporting events aimed at children.



3. RRR Treatment and Recovery - Eight point plan

People access treatment and support – particularly those at most risk (where appropriate please refer to the Drug Deaths Taskforce publication [Evidence-Based Strategies for Preventing Drug-Related Deaths in Scotland](#): priority 2, 3 and 4 when answering questions 3.1, 3.2, 3.3 and 3.4)

3.1 During 2020/21 was there an Immediate Response Pathway for Non-fatal Overdose in place?

Yes

No

In development

Please give details of developments (max 300 words)

Inverclyde's Alcohol and Drug Recovery Service ADRS have a working protocol with acute hospital to ensure all affected by Non-fatal Overdose are seen through assertive outreach within 48hours. Work is underway to develop sharing information protocol and pathway between SAS, ADRS and third sector partner for implementation in 2021/2022. Increasing the liaison function across Primary Care, Homelessness, Acute Care and other HSCP partners to provide assertive outreach to those affected by non-fatal overdose or more difficult to engage.

Funding from the Drug Death Taskforce DDTF to Inverclyde ADP has been secured until March 2022 to develop assertive outreach services including peer support to assist those most at risk to get into and stay in treatment. The funding includes three posts: A Band 6 Nurse, a Peer Support Worker and a Naloxone Support Officer.

The Inverclyde Drug Death Monitoring Group was established in August 2020 and supports the ADP Delivery Plan and the action: 'Implement the Drug Related Death Prevention Strategy' a strategy developed to reduce Drug Deaths across Inverclyde.

Training - Staying Alive in Scotland 2 Day Interactive Workshop was delivered to ADP partners by the Scottish Drugs Forum in February 2021 the workshop considered actions within the Inverclyde ADP Drug Related Death Prevention Action Plan.

There has been a pharmacology project funded by the ADP in relation to prescription medicine. Currently there is a high rate of prescribing addiction medication. The aim is that patients aged 18-55 years old, based on 2 practises, who are regularly prescribed step 2 opioids are reviewed to assess if the medicine is still required, appropriate, safe and that the patients have an understanding of chronic pain with access to non-pharmacological interventions.

A senior pharmacist has been funded for 2 days a week to the end of July 2021 to introduce and evaluate regular pharmacist led clinics to increase medication reviews of analgesics, with the possibility of funding being extended.



3.2 Please provide details on the process for rapid re-engagement in alcohol and/or drug services following a period of absence, particularly for those at risk and during COVID-19. Are services fully open at normal levels / blended services on offer?

Throughout the pandemic ADRS undertook a risk assessment of people using the service based on vulnerability and risk. A traffic light system was underway to determine frequency and type of contact. For those needing to re-engage through the normal self-referral pathway, triage, allocations, access to assessment and treatment has remained. The service always maintained scope for same day assessments and self-referral options remained in situ. Needle exchange has continued.

Moving On, a local commissioned third sector alcohol and drug recovery service, has continued to provide services as extensively as possible throughout the pandemic. During lockdowns, support was provided via telephone and/or audio/visual means. IT equipment was sourced via charitable funding to enable service user participation in virtual face to face and group sessions. Our re-engagement policy also allows rapid re-entry to our programme following absence or disengagement.

3.3 What treatment or screening options were in place to address drug harms? (*mark all that apply*)
All done in line with evidence based practice and Board wide policy.

- | | |
|--|---|
| Same day prescribing of OST | <input checked="" type="checkbox"/> |
| Methadone | <input checked="" type="checkbox"/> |
| Buprenorphine and naloxone combined (Suboxone) | <input checked="" type="checkbox"/> |
| Buprenorphine sublingual | <input checked="" type="checkbox"/> |
| Buprenorphine depot | <input checked="" type="checkbox"/> |
| Diamorphine | <input type="checkbox"/> |
| Naloxone | <input checked="" type="checkbox"/> |
| BBV Screening | <input checked="" type="checkbox"/> |
| Access to crisis support | <input checked="" type="checkbox"/> |
| Access to detox from opiates/benzos - rehab | <input checked="" type="checkbox"/> |
| Other non-opioid based treatment options | <input checked="" type="checkbox"/> Please provide details..... |

Estranor, harm reduction intervention including: access to injecting materials, safe disposals, assessment of injecting technique, injecting site management, check for DVT, conduct BBV testing, HIV testing.

3.4 What measures were introduced to improve access to alcohol and/or drug treatment and support services during the year, particularly for those at risk 19/20 (max 300 words).

The Scottish Governments CORRA Challenge Fund project launched and was put on hold for a number of months. The service specification, care pathway and engagement with Primary Care and SAS in line with MAT Standards is developed.

ADRS have:

- Single duty and allocation processes with 3rd sector involvement to ensure services users are receiving appropriate support and treatment.



- Testing for BBVs at all assessment appointments, with regular testing ongoing and appropriate pathways for treatment and support as required.
- The implementation of an emergency department (ED) repeat presentations standard operating procedure to better identify and support individuals who routinely present at ED.
- The commencement of the CORRA funded new pathways for service users to support the development of home based alcohol detox, extend ADRS provision in evenings and weekends and develop new services within primary care.
- The new workforce structure and job descriptions developed and consultation with staff through organisational change processes.

Areas of work the ADP are reviewing to improve access to services:

Harm Reduction - A scoping exercise has been undertaken by the ADP regarding a 'mobile harm reduction service' to help to bridge the gap between those at risk struggling to access services.

Justice Services – we are currently exploring the use of Police custody suites as a location for the provision of support and referral to drug treatment, support and recovery networks.

In addition, DAISy a new national database for Scotland that holds data in relation to drug and alcohol treatment and waiting times for services delivering Tier 3 and Tier 4 interventions will be rolled out across Inverclyde alcohol and drug services on the 1st April 2021. Training has been delivered by the ADP across all services using the system. The data will be collated to improve access to services and supports across Inverclyde.

3.5 What treatment or screening options were in place to address alcohol harms? (mark all that apply)

- | | |
|---|-------------------------------------|
| Fibro scanning | <input checked="" type="checkbox"/> |
| Alcohol related cognitive screening (e.g. for ARBD) | <input checked="" type="checkbox"/> |
| Community alcohol detox | <input checked="" type="checkbox"/> |
| Inpatient alcohol detox | <input checked="" type="checkbox"/> |
| Alcohol hospital liaison | <input checked="" type="checkbox"/> |
| Access to alcohol medication (Antabuse, Acamprase etc.) | <input checked="" type="checkbox"/> |
| Arrangements for the delivery of alcohol brief interventions in all priority settings | <input checked="" type="checkbox"/> |
| Arrangements of the delivery of ABIs in non-priority settings | <input checked="" type="checkbox"/> |
| Other – Please provide details | <input checked="" type="checkbox"/> |

All of this was co-ordinated through a GG&C board-wide response to take account of inpatient restrictions.

People engage in effective high quality treatment and recovery services

3.6 Were Quality Assurance arrangements in place for the following services? (examples could include review performance against targets/success indicators, clinical governance reviews, case file audits, review against delivery of the quality principles):

	<i>Adult Services</i>	<i>Children and Family Services</i>
Third sector	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>



Public sector	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>

3.7 Please give details on how services were Quality Assured including any external validation e.g. through care inspectorate or other organisations? (max 300 words)

ADRS undertook a case file audit of all service users to assess level of risk and vulnerability to determine level and type of contact. A service user questionnaire was undertaken during the first lockdown to establish if the support from ADRS was sufficient to meet needs. Clinical governance meetings at local and Board level continued as normal. ADRS was part of the Inverclyde Adult Support and Protection Inspection.

Children's Services has been directed by Inverclyde Child Protection Committee to continue to audit case work in relation to children and young people who are impacted by the substance use of someone within their family network. Having reconvened the group in August 2020, we recognised that there was a data gap in terms of collation of information. In the meantime we have noted an audit of a single case via the 52 week child protection register review process which evidences excellent multi-agency partnership working and positive co-production in terms of safety planning with family. We intend to circulate this case, once anonymised, via the sub group as a good practice learning tool.

In Barnardo's GIRFEC Outcomes Framework and SHANNARI indicators are used. Barnardo's has a robust Quality Assurance Framework, underpinned by relevant policies and procedures and supported by an organisation-wide compliance, audit and inspection team (CAIU). Working alongside the Quality Team, we will review progress against expected outcomes and these will be discussed regularly at individual and team meetings. We also track emerging trends and lessons learned, ensuring our service provision has ongoing development to meet the needs of families.

Moving On involves service users in ongoing consultation regarding their experience of service quality, both to support reporting to funders and to guide continuing development and improvement of the service. The Quality Principles are providing a template for this work.

Thank you for completing the recent Scottish Government ADP Pathways Survey, which gathered data for 2019/20. The following questions look to gather the same data for 2020/21.

3.8 Were there pathways for people to access residential rehabilitation in your area in 2020/21?

Yes

No

Please give details below (including referral and assessment process, and a breakdown between alcohol and drugs referrals) (max 300 words)

There is a GG&C protocol for in patient alcohol detox. This was significantly compromised during the pandemic due to social distancing requirements within the Kershaw Unit. Those with most urgent risk were prioritised on a GGC wide basis. An interim pathway to access ADP funding for residential rehab is currently in place with a new robust pathway being in development.

3.9 How many people started a residential rehab placement during 2020/21? (if possible, please provide a gender breakdown)



No-one from Inverclyde started a residential rehab placement using ADRS / ADP funding in this reporting period.

31 people accessed in patient alcohol detox support in the reporting period.

People with lived and living experience will be involved in service design, development and delivery

3.10 Please indicate which of the following approaches services used to involve lived / living experience / family members (mark all that apply).

For people with lived experience:

- Feedback/ complaints process
- Questionnaires/ surveys
- Focus groups / panels
- Lived/living experience group/ forum
- Board Representation within services
- Board Representation at ADP
- Other Please provide details.....

Please provide additional information (optional)

Inverclyde ADP and its partners have long-established involvement of people with lived / living experience that have been strengthened over the past year.

For family members:

- Feedback/ complaints process
- Questionnaires/ surveys
- Focus groups / panels
- Lived/living experience group/ forum
- Board Representation within services
- Board Representation at ADP
- Other Please provide details...SFAD....

Please provide additional information (optional)

Inverclyde ADP and its partners seek feedback from family members who access local services. Inverclyde ADP has more recently commissioned SFAD who provide regular feedback.

3.11 Had the involvement of people with lived/ living experience, including that of family members, changed over the course of the 2020/21 financial year?

- Improved
- Stayed the same
- Scaled back
- No longer in place

Please give details of any changes (max 300 words)



The ADP met with the Lived Experience Network in February 2021 this meeting post Covid-19 has re-established our relationship with the network and the ADP will continue to work in close partnership with the group. In particular to gain their voice and insight into any strategies we intend to implement to reduce alcohol and drug related harms, improve access to services and deliver a message to our communities that there is support available.

Moving On has involved trained service users in the facilitation of SMART recovery online group sessions during the past year.

Inverclyde ADP commissioned SFAD who operated a new Inverclyde Family Support Service for over-16 between 2nd November and end of 2020/21 financial year. During this time they were able to reach 28 family members, offering direct support. This included (Virtual) 1:1 support and Group support. This includes structured evidence-based interventions such as CRAFT and Bereavement Counselling.

3.12 Did services offer specific volunteering and employment opportunities for people with lived/living experience in the delivery of alcohol and drug services?

Yes

No

Please give details below (max 300 words)

Inverclyde ADP commissioned a Recovery Development Worker role, delivered by Your Voice who had some key achievements in regards to volunteering and employment:

- The development of a Lived Experience Network
- 29 individuals recruited as peer mentors
- 24 people completed the peer mentor training
- 13 people completed the PVG process
- People with lived experience and peer mentors accessed a wide range of training
- 120 people were referred to the project with the majority of whom received vital support during Covid-19
- People with lived experience and peer mentors were able to signpost people to other community supports as well as provide assertive outreach
- Strong links were made with local Recovery Cafes
- 5 active peer mentors provided wellbeing telephone support
- 3 peer mentors are in paid employment.

The impact of Covid-19 on the above programme included:

- 6 peer mentors stepping back to focus on their own recovery and health and wellbeing
- 2 peer mentors stepped back to care for family members
- 4 peer mentors stepped back as they found it difficult to support people remotely
- 4 peer mentors did not engage after receiving training.



Moving On has 2 volunteer service user representative roles which gather feedback from service users and report to 6-weekly board meetings. A weekly walking group was facilitated by 2 volunteers who are former service users.

SFAD were not in a position to offer this during this financial year, in large part due to COVID restrictions and the time frame since our service launch, but aim to offer this in the future.

People access interventions to reduce drug related harm

3.13 Which of these settings offered the following to the public during 2020/21? (mark all that apply)

Setting:	Supply Naloxone	Hep C Testing	IEP Provision	Wound care
Drug services Council	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Drug Services NHS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Drug services 3rd Sector	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Homelessness services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Peer-led initiatives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community pharmacies	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GPs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
A&E Departments	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Women's support services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family support services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Justice services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Mobile / outreach services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other ... (please detail)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Scottish Families Affected by Drugs SFAD have the provision to distribute Naloxone across Inverclyde via an online 'click and deliver' service.

A person-centred approach is developed

3.14 To what extent were Recovery Oriented Systems of Care (ROSC) embedded across services within the ADP area? ROSC is centred on recognising the needs of an individual's unique path to recovery. This places the focus on autonomy, choice and responsibility when considering treatment.

- Fully embedded
- Partially embedded
- Not embedded

Please provide details (max 300 words)



The first Recovery Strategy and Action Plan 2020-2023 was approved by the ADP Committee in November 2020 to develop and support recovery communities across Inverclyde and work towards furthering our Recovery Orientated System of Care ROSC model. The strategy will be actioned by the ADP team and the Recovery Development Sub Group RDG which was initiated in November 2020 to progress recovery across Inverclyde. This sub group brings together partners monthly and will also work to implement our ADP Delivery Plan.

The RDG has reviewed the document 'Language Matters' by the Scottish Drugs Forum and reviewed the first draft of the ADPs Stigma Strategy which is under development.

A scoping exercise was conducted by the ADP regarding the main form of communication methods across all 31 ADPs in Scotland and a Communication Strategy (including the use of digital communications) has been progressed to draft stage. This strategy is based on a ROSC model and the different forms of communication methods that will support an individual's autonomy, choice and responsibility when reviewing their treatment options online.

3.15 Are there protocols in place between alcohol and drug services and mental health services to provide joined up support for people who experience these concurrent problems (dual diagnosis)?

Yes

No

Inverclyde ADRS has Consultant Psychiatrists and Registered Mental Health Nurses within the service, where dual diagnosis will be supported. Where inpatient care or more specific community mental health needs are required, we have established Team Leader to Team Leader practice to support a smoother transition.

Is staff training provided (dual diagnosis)?

Yes

No

As detailed above – ADRS staff have mental health professional qualifications and are required to update their knowledge and skill to meet their registration requirements.

Funding was approved by the Primary Care Improvement Fund and then by the ADP Committee (August 2020) to roll out a Distressed Brief Intervention DBI programme consisting of two parts – Part 1 Training for staff which will include Trauma Informed Practice for all partner agencies. Part 2 SAMH to train staff in an intervention within the first 24 hours of referral.

Have mental health services requested Naloxone following updated guidelines from the Lord Advocate?

Yes

No

Please provide details (max 300 words)

The recovery community achieves its potential

3.16 Were there active recovery communities in your area during the year 2020/21?

Yes

No



3.17 Did the ADP undertake any activities to support the development, growth or expansion of a recovery community in your area?

Yes

No

3.18 Please provide a short description of the recovery communities in your area during the year 2020/21 and how they have been supported (max 300 words)

Recovery Community Inverclyde and a look at the effect Covid-19 had - 4 stages of lockdown:

1. Prior to lockdown – one to one and group support provided on a regular basis by Your Voice. Also Wednesday evening Drop In, 5-8pm at Crown Care – an opportunity for group support and safe space for mentees to come and build relationships with peers as well as the Inverclyde Recovery Cafe on a Friday evening 5-8pm.
2. During lockdown - one to one telephone support and What's App Group set up
3. Easing of lockdown – Wednesday Crown Care 5-8 reopened and Friday Inverclyde Recovery Café re-opened adhering to social distancing (the café reopened in July 2020 and ran at max capacity until the next lock down occurred).
4. The final lockdown – one to one's over the phone, What's App and online meetings from Wednesday 27th Jan 2021.

During 2020 / 2021 it was agreed that ADP funding would be used to commission four different tests of change that are all fundamental to underpinning recovery and developing recovery communities in Inverclyde. In taking this decision, it was also recognised that Inverclyde ADP was supporting and building on the local third sector assets and capacity.

Your Voice was successful in securing the first tender in April 2020 to employ a Recovery Development Coordinator to coordinate the development of recovery communities and develop peer volunteer mentors.

Moving On was successful in securing the second tender. The remit of this funding is to provide early intervention and work in partnership with the statutory Alcohol and Drug Recovery Services as part of a Recovery Orientated System of Care, two part time Early Intervention Workers were employed October 2020.

The third tender was secured by Scottish Families Affected by Alcohol and Drugs (SFAD) for a Family Support Development Worker being employed in November 2020 with the purpose of delivering a family support service to support those impacted by harmful alcohol and drug use.

The fourth tender was for a Peer Support Worker intended to provide a formalised Peer Support service. Unfortunately, following two attempts there were no applicants for this funding. In light of this an alternative approach is being considered.

A trauma-informed approach is developed

3.19 During 2020/21 have services adopted a [trauma-informed approach](#)?

All services

The majority of services

Some services

No services

Please provide a summary of progress (max 300 words)



A training plan has been developed so that ADRS can deliver a matched stepped care model of psychological therapies/care. This is in line with national policies/ guidance, such as The Matrix: A Guide to Delivering Evidence-Based Psychological Therapies in Scotland (NHS Education Scotland, 2015) and The Delivery of Psychological Interventions in Substance Misuse Services in Scotland (Scottish Government, 2018).

All staff at Moving On have been trained in trauma-informed practice and this approach is adopted in our work. A survey of service users' needs was carried out in January 2021. This evidenced the need to provide specific trauma-informed specialist counselling in-house for a number of service users. Funding has since been secured via Corra for a 12-month 25-hour per week counsellor post based at Moving On.

Scottish Families Affected by Alcohol and Drugs SFAD have adopted a trauma-informed approach across our organisation and staff are encouraged to access training regularly around this approach.

An intelligence-led approach future-proofs delivery

3.20 Which groups or structures were in place to inform surveillance and monitoring of alcohol and drug harms or deaths? (*mark all that apply*)

- | | |
|--|--|
| Alcohol harms group | <input checked="" type="checkbox"/> |
| Alcohol death audits (work being supported by AFS) | <input checked="" type="checkbox"/> |
| Drug death review group | <input checked="" type="checkbox"/> |
| Drug trend monitoring group | <input checked="" type="checkbox"/> |
| Other | <input checked="" type="checkbox"/> ADRS, in line with other clinical groups |
- operates a Clinical Services Group which reviews all near misses and deaths in service for all alcohol and drug deaths. This is a multi-disciplinary review group which feeds into the local HSCP and Board Wide care and clinical governance processes. Depending on the issues raised, an internal or external inquiry may be commissioned to identify improvements in practice or learning.

3.21 Please provide a summary of arrangements which were in place to carry out reviews on alcohol related deaths and how lessons learned are built into practice. If none, please detail why (max 300 words) – See 3.20 and the Clinical Services Group in operation across Inverclyde.

3.22 Please provide a summary of arrangements which were in place to carry out reviews on drug related deaths and how lessons learned are built into practice (max 300 words)

An ADP Drug Death Review Group has been established which reviews all individual deaths and take any learnings from this back into practice. This group reports to the ADP Drug Related Death Monitoring Group, who has responsibility for the Inverclyde Drug Death Prevention Strategy.



4. Getting it Right for Children, Young People and Families

4.1 Did you have specific treatment and support services for children and young people (under the age of 25) with alcohol and/or drugs problems?

Yes

No

Please give details (E.g. type of support offered and target age groups)

We offer structured work for children/young people age 8-18 who have issues/concerns about their drug use. This usually includes support to make positive changes to drug use and how to maintain this, General Drug Education Work and Harm Reduction. This is mainly individual support, but we do on occasion offer group work and training. We carry out an extensive assessment. We offer harm reduction, alternative therapies and holistic therapies in line with national guidelines. We look at all aspects of the young person's life and support where necessary. Anyone 18>years of age is provided support from adult services. Transition planning will be in place for young people moving into adult services

The Children's Services based Drug Service Team have been trained in DAISy and will input their clients onto the system as of the 1st April 21. This information will provide data specific to this age group and will help inform service provision moving forward.

4.2 Did you have specific treatment and support services for children and young people (under the age of 25) affected by alcohol and/or drug problems of a parent / carer or other adult?

Yes

No

Please give details (E.g. type of support offered and target age groups)

Children under the age of 16:

Child protection referrals are made to Children's Services as required. There are two services within Barnardo's Nurture Service that support children affected by parental substance misuse.

The overall aim of the Nurture 1st and Building Blocks Services is to reduce the impact of substance misuse on children and young people in Inverclyde. To achieve this we offer: individual support to parents/carers; individual support to children; group work programmes; pro-social modelling and whole family support both within the family homes and also the service base.

Age 0-12:

The Nurture 1st Service aims to increase the safety of children 0-12 years affected by parental substance misuse by identifying and supporting children at the earliest opportunity. The service works alongside parents to increase their knowledge and understanding of the impact of substance misuse on children. This is achieved by exploring the influence of positive attachment relationships. Practical advice and support is also offered to improve family functioning. The family centre environment offers parents the opportunity to make positive connections with other parents and families which contributes to a reduction in isolation. Additionally parents are supported and encouraged to engage with specialist services to promote their health and well-being.

Age 0-3:

The Building Blocks Service focuses on children under 3 years at risk of physical and/or emotional neglect due to their parent/carers alcohol and/or drug use. We have identified that families with children under 3 years who are being offered early nursery provision due to concerns regarding their child's



growth and development tend not to engage with wider family support services. We will focus on this specific group of families and engagement will start at the Nursery Admissions Panel. We will work with our partner agencies to promote and offer whole family support. Barnardo's family support workers will provide outreach family support in close partnership with the family support worker in nursery and the wider nursery team.

Age 16 and over:

Scottish Families SFAD Introduced a Family Support Service for anyone over the age of 16 that was directly affected by someone else's alcohol and drug use starting operating in November 2020. This project can offer support to those 16 and over that are affected by a family member or even a friend or colleague who is using substances.

4.3 Does the ADP feed into/ contribute toward the integrated children's service plan?

Yes

No

Please provide details on how priorities are reflected in children's service planning e.g. collaborating with the children's partnership or the child protection committee? (max 300 words)

The Child Protection Committee Lead Officer attends ADP meetings as the representative for the ADP sub group CAPSM. The Lead Officer feeds back to CAPSM and feeds forward any relevant CAPSM work to ADP. Parental substance misuse and its impact on Children and Young People is a standing item within the CPC and as such, features in each meeting sub group report, within the CPC annual report and business plan. An agreed priority currently is to undertake an audit of all Children and Young People affected by parental substance misuse so as to ensure early identification and target support. Using this structure, the ADP feeds into the integrated children's services plan.

NB: The Alcohol and Drug Partnership Sub Group known as Children Affected by Parental Substance Abuse CAPSM has now changed its name to the Whole Families Sub Group as of February 2021.

4.4 Did services for children and young people, with alcohol and/or drugs problems, change in the 2020/21 financial year?

Improved

Stayed the same

Scaled back

No longer in place

Please provide additional information (max 300 words)

The overall resource for children and young people with a drug problem has remained the same, however delivery of this has been impacted upon by the COVID-19 pandemic, limiting the availability of staff as well as changing the type of face to face interactions in line with risk assessments and public health guidance.

4.5 Did services for children and young people, affected by alcohol and/or drug problems of a parent / carer or other adult, change in the 2020/21 financial year?

Improved

Stayed the same

Scaled back



No longer in place

Please provide additional information (max 300 words)

Scottish Families Affected by Alcohol and Drugs:

Scottish Families SFAD Introduced a Family Support Service for anyone over the age of 16 that was directly affected by someone else's alcohol and drug use starting operating in November 2020. This project can offer support to those 16 and over that are affected by a family member or even a friend or colleague who is using substances.

SFAD Offers support in a range of different sizes, in Inverclyde:

One-to-One Support

Group Support

CRAFT (Community Reinforcement Approach & Family Training)

Support to access Bereavement Counselling

Access to Naloxone

Barnardos:

As mentioned previously Barnardo's continues to work with 0-3 year olds and 0-12 year olds delivering two programmes: Building Blocks Service and Nurture First respectively.

Below is a 'snapshot' of the parents, children and young people they have supported up until December 2020:

The main statistics for the two Barnardo's Projects show how many people were supported in each category:-

41 – Families

54 – Parents

23 – Children under 5

21 – Children aged 5-12

19 – Children aged 12 to 15

6 – Children aged 12 to 16 (more about own use).

Furthermore:

A draft Inverclyde procedure Children Affected by Parental Alcohol and/or Drug use 2020 to accompany 'Getting Our Priorities Right,' was created to replace the predecessor guidance. The guidance was accepted by the July 2020 Child Protection Committee.

A 'Hidden Families' bid by Barnardo's for Corra Funding was approved by the ADP Committee and submitted in November 2020. The focus of the bid includes:

1. Identifying and supporting hidden families affected by substance use at the earliest opportunity to improve family circumstances and wellbeing.
2. Identify and support young people up to the age of 16, to prevent them from using substances in the first place or to provide support around their own or a family members substance use.
3. Establish positive and trusting relationships with parents, so they feel safe and supported to discuss their own substance use and accept help.



4.6 Did the ADP have specific support services for adult family members?

Yes

No

Please provide details (max 300 words)

The specific support service delivered by our third sector partner Scottish Families affected by Drugs (SFAD) and outlined above has been running throughout Covid-19 and adapted their support from face to face to telephone and virtual consultations.

4.7 Did services for adult family members change in the 2020/21 financial year?

Improved

Stayed the same

Scaled back

No longer in place

Please provide additional information (max 300 words)

The ADP commissioned Scottish Families Affected by Drugs Inverclyde to host a Family Support Development Officer and deliver a Family Support Service.

4.8 Did the ADP area provide any of the following adult services to support family-inclusive practice? (mark all that apply)

Services:	Family member in treatment	Family member not in treatment
Advice	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Mutual aid	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Mentoring	<input type="checkbox"/>	<input type="checkbox"/>
Social Activities	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Personal Development	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Advocacy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Support for victims of gender based violence	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Other (Please detail below)	<input type="checkbox"/>	<input type="checkbox"/>

Please provide additional information (max 300 words)

Third Sector response: Scottish Families Affected by Alcohol and Drugs We provided all of the above services to our service users between November 2020 and April 2021.



5. A Public Health Approach to Justice

5.1 If you have a prison in your area, were arrangements in place and executed to ensure prisoners who are identified as at risk left prison with naloxone?

- Yes
- No
- No prison in ADP area

Please provide details on how effective the arrangements were in making this happen (max 300 words)

Processes in place to promote naloxone training to patients with an identified substance misuse issue at HMP Greenock are:

Admission - From admission patients are identified and placed onto a spreadsheet and offered training;

Induction - Scottish Prison Service run induction for all new admissions on Mondays AM and PM which is attended by addictions staff to deliver naloxone training in a group setting;

Ad Hoc/Opportunistic - Some opportunities arise to undertake training such as when a patient is admitted for only a few days. All training and refusals are documented in patient notes.

There was little uptake during COVID-19 as there were no transfers between establishments, very few admissions and there were initially limitations on patient contact in the first period of lockdown, this did relax during the second period of lockdown.

5.2 Has the ADP worked with community justice partners in the following ways? *(mark all that apply)*

- Information sharing
- Providing advice/ guidance
- Coordinating activities
- Joint funding of activities
- Upon release, is access available to non-fatal overdose pathways?
- Other Scottish Drugs Death Taskforce DDTF Test of Change.

Please provide details (max 300 words)

Community Justice Partnership:

Both the Alcohol and Drug Partnership and Community Justice Partnership work closely on a number of related strategic and policy areas with representation on both partnerships. The Community Justice Partnership continues to adopt a public health to justice and the ADP has been a critical friend in progressing this. Examples of specific close working includes:

- Supporting the ADP and ADP Coordinator in progressing an early help in police custody project,
- Regular interface meetings with Service Managers and Team Leaders involving Justice Social Work, ADRS, Homelessness and Mental Health. These meeting have improved understanding of each other's roles and responsibilities, while also improving operational pathways. There is closer working together and identifying shared outcomes at both operational and strategic levels. This



has been critical as part of an agency response in supporting individuals during the Covid-19 pandemic.

- Progress of an Early Action System Change in respect of women and criminal justice. The project aims to achieve a system change in the response to women in the criminal justice system and seeks to fully involve women with lived experience, ensuring that they co-produce this change.
- We have supported the creation of a Resilience Network which was developed in response to our learning from the Hard Edges Scotland Report (as noted in our 2019-20 annual activity report) and included 3rd sector and public service colleagues across Inverclyde. The aim of the Resilience Network is a partnership approach to help people across Inverclyde build resilience and foster hope.
- Both Partnerships continue to use data to inform a strong evidence base on emerging trends relevant to both partnerships.
- There is currently ongoing work to support the Community Justice Partnership complete a Strategic Needs and Strengths Assessment which is supported by the ADP.

5.3 Has the ADP contributed toward community justice strategic plans (E.g. diversion from justice) in the following ways? *(mark all that apply)*

- Information sharing
- Providing advice/ guidance
- Coordinating activities
- Joint funding of activities
- Other Please provide details

The ADP contributed to the development of the Inverclyde Community Justice Outcomes Improvement Plan 2017-2022. This plan includes actions focusing on each of the seven national community justice outcomes as well as local priorities. Additionally the CJP are required to complete an annual report with contribution by the ADP.

Both the ADP and CJP work closely together for any new policy development and local implementation. The Release of Prisoners (Coronavirus) (Scotland) Regulations 2020 enabled the early release of a limited group of short sentence prisoners across Scotland including those returning to Inverclyde. This regulation required significant partnership working in advance of release and following release by both the ADP and CJP.

Inverclyde has also progressed the introduction of Structured Deferred Sentences during the reporting year with a roll-out during 2021-22. SDS aims to provide a structured intervention for individuals upon conviction and prior to final sentencing. They are generally used for people in the justice system with a range of complex needs that may be addressed through social work and/or multi-agency intervention, but without the need for a court order.

5.4 What pathways, protocols and arrangements were in place for individuals with alcohol and drug treatment needs at the following points in the criminal justice pathway? Please also include any support for families. (max 600 words)

a) Upon arrest

Two Care Navigator posts within Inverclyde HSCP to work with most vulnerable known to Inverclyde Alcohol and Drug Recovery Service (ADRS), Homelessness and Criminal Justice have been developed. The Alcohol and Drug Partnership ADP is exploring the use of Police custody suites as a location for the



provision of support and referral to drug treatment, support and recovery networks. The ADP supports diversion from custody by increasing our public health approach to help people avoid, or be diverted from the system. In addition, specialist treatment is also provided as part of the judicial process (e.g. Drug Treatment and Testing Orders or Drug/Alcohol Treatment Requirements as part of a Community Payback Order) to ensure those with more complex needs and vulnerabilities are adequately supported.

b) Upon release from prison

Voluntary Throughcare established with Inverclyde ADRS for support to any prisoner requesting support with alcohol and drug issues prior to their release. All prisoners initially moving into residential rehab in Inverclyde through prison pathways, are alerted to ADRS.

6. Equalities

Please give details of any specific services or interventions which were undertaken during 2020/21 to support the following equalities groups:

6.1 Older people (*please note that C&YP is asked separately in section 4 above*)

Continuing to work with Scottish Fire & Rescue Services following increase in fires in homes. This has included the distribution of fire retardant blankets and more coordinated fire safety visits. Furthermore the implementation of DAISy in Inverclyde will capture data on older people from April 1st 2021 onwards.

6.2 People with physical disabilities

Currently none however the implementation of DAISy in Inverclyde will capture data on people with physical disabilities from April 1st 2021 onwards.

6.3 People with sensory impairments.

Currently none however the implementation of DAISy in Inverclyde will capture data on people with sensory impairments from April 1st 2021 onwards.

6.4 People with learning difficulties / cognitive impairments.

Currently none however the implementation of DAISy in Inverclyde will capture data on people with learning difficulties/cognitive impairments from April 1st 2021 onwards.

6.5 LGBTQ+ communities

The implementation of DAISy in Inverclyde will capture data on the sex of a person such as male, female, indeterminate or intersex from April 1st 2021 onwards. The Clyde LGBTQ Youth Group is operational in Inverclyde and supported by the Community Learning and Development Team this team has representation on our Prevention Sub Group.

6.6 Minority ethnic communities

Currently none however the implementation of DAISy in Inverclyde will capture this data from April 1st 2021 onwards.

6.7 Religious communities

We have reached out to local faith based organisations and with a view to improving relationships and working collaboratively.



6.8 Women and girls (including pregnancy and maternity)

Inverclyde HSCP has a Special Needs in Pregnancy Service where there is close liaison with ADRS to support women who have an alcohol or drug dependency.

The CJP host an Early Action System Change project on women involved in the Criminal Justice System. The steering group have identified key points of development for a test of change which will be progressed over three years commencing in 2021-22. This project seeks to fully involve women with lived experience, ensuring that they co-produce this change. There is ADP representation on the Steering Group.



II. FINANCIAL FRAMEWORK 2020/21

Your report should identify all sources of income (excluding Programme for Government funding) that the ADP has received, alongside the funding that you have spent to deliver the priorities set out in your local plan. It would be helpful to distinguish appropriately between your own core income and contributions from other ADP Partners. It is helpful to see the expenditure on alcohol and drug prevention, treatment & recovery support services as well as dealing with the consequences of problem alcohol and drug use in your locality. You should also highlight any underspend and proposals on future use of any such monies.

A) Total Income from all sources

Funding Source (If a breakdown is not possible please show as a total)	£
Scottish Government funding via NHS Board baseline allocation to Integration Authority	1,134,830
2020/21 Programme for Government Funding	278,798
Additional funding from Integration Authority	234,639
Funding from Local Authority	1,804,520
Funding from NHS Board	643,829
Total funding from other sources not detailed above	
Drug Death Task Force	78,500
Reducing Drug Deaths	81,400
Carry forwards from PfG 19/20	93,381
Corra 19/20 Underspend from EMR	42,300
Other – unallocated prior year PfG funding	235,577
Other – Section 27 Criminal Justice Grant	58,352
Total	4,686,126

B) Total Expenditure from sources

	£
Prevention including educational inputs, licensing objectives, Alcohol Brief Interventions)	87,752
Community based treatment and recovery services for adults	3,832,462
Inpatient detox services – x31 placements via GG&C	0
Residential rehabilitation services	0
Recovery community initiatives – Commissioned services	180,000
Advocacy Services	0
Services for families affected by alcohol and drug use	48,588
Alcohol and drug services specifically for children and young people – Children's Services	54,673
Community treatment and support services specifically for people in the justice system	58,351.75
Other	
Transfer to EMR at year end - ADP	264,400
Transfer to EMR at year end - DDTF	78,500
Transfer to EMR at year end - RDD	81,400
Total	4,686,126

Inverclyde ADP outlined proposals for EMR's in a submission to Scottish Government on 24th September 2021.



7.1 Are all investments against the following streams agreed in partnership through ADPs with approval from IJBs? *(please refer to your funding letter dated 29th May 2020)*

- Scottish Government funding via NHS Board baseline allocation to Integration Authority
- 2020/21 Programme for Government Funding

Yes

No

Please provide details (max 300 words)

[Click or tap here to enter text.](#)

7.2 Are all investments in alcohol and drug services (as summarised in Table A) invested in partnership through ADPs with approval from IJBs/ Children's Partnership / Community Justice Partnerships as required?

Yes

No

Please provide details (max 300 words)

[Click or tap here to enter text.](#)