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**Report To:** Inverclyde Alliance Board **Date:** 18 March 2019

**Report By:** Louise Long **Report No:**  
Corporate Director ( Chief Officer)  
Inverclyde HSCP

**Contact Officer:** Margaret McConnachie **Contact No:**

**Subject: Inverclyde Alcohol and Drug Partnership Annual Report 2017/18.  
Programme for Government 2018/19: Additional Investment in Services to Reduce Problem  
Drug and Alcohol Use - Inverclyde Alcohol and Drug Partnership (IADP)**

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## **1.0 PURPOSE**

1.1 The purpose of this report is:

1.2 To inform the Inverclyde Alliance Board of the IADP Annual Report 2017/18 including Scottish Government Feedback on the report.

To inform the Inverclyde Alliance of Additional Funding allocated from the Scottish Government to ADPs from Programme for Government 2018/19 to Reduce Problem Drug and Alcohol Use.

## **2.0 SUMMARY**

### **2.1 ADP Annual Report 2017/18**

The Scottish Government requires Alcohol and Drug Partnerships (ADP) to submit annual reports. Over the past two years reporting requirements have been focused on:

1. ADP Financial framework.
2. Ministerial priorities for ADPs: ADPs are asked to report on improvement goals and progress made around ministerial priorities across the reporting year (2017/18).
3. Formal arrangements for ADPs working with and reporting to local partners.

Inverclyde ADP annual Report for 2017/18 can be found at appendix1.

Scottish Government provides light touch feedback on these reports. Feedback for 2017/18 was positive (Appendix 2).

### **2.2 Programme for Government Additional funding to ADPs 2018/19**

#### **Scottish Government - Programme for Government 2018/19: Additional Investment**

The Scottish Government allocated £20 million investment across Scotland through the Programme for Government 18/19 (PfG) to support activities which tackle problem alcohol and drug use with a focus on seeking and supporting new innovative approaches, as well as responding to the needs of patients in a more joined up person centred way.

£17 million (from £20 million) was provided to NHS Boards for distribution to Integration Authorities (IAs) and on to Alcohol and Drug Partnerships (ADPs). Investment decisions on this funding being made by IAs and ADPs to meet local needs and priorities within a framework of Investment areas

identified by the Scottish Government. Inverclyde ADP allocation of the national award is £280.477 annually till 2020/21.

The remaining £3 million from the national allocation is being distributed across two funding streams via bidding processes which are open to statutory and third sector organisations addressing alcohol and drug related harm.

### **3.0 RECOMMENDATIONS**

3.1 It is recommended that the Alliance Board:

- Notes the content of the IADP Annual Report 2017/18 and the Partnership's progress towards meeting Ministerial Priorities for ADPs.
- Notes the Scottish Governments feedback on ADPs annual report
- Agrees to receive future ADP Annual Reports.
- Notes the Scottish Government investment programme to reduce problem alcohol and drug use.
- Agrees to receive future details of Inverclyde ADP Investment plans for spend related to the additional annual investment allocation awarded till 2020/21 (£280.477).

**Louise Long,  
Corporate Director (Chief Officer)  
Inverclyde HSCP**

## 4.0 BACKGROUND

### 4.1 ADP Annual Report 2017/18

ADP Annual Reports report across three focused areas:

1. ADP Financial framework.
2. Ministerial priorities for ADPs: ADPs are asked to report on improvement goals and progress made around ministerial priorities across the reporting year (2017/18).
3. Formal arrangements for ADPs working with local partners.

Future funding to ADPs is conditional upon ADPs and IJBs collectively demonstrating progress against both national and locally relevant alcohol and drug outcomes and Ministerial Priorities for ADPs across Scotland.

### 4.2 ADP Financial Framework

ADPs are required to:

- Identify all sources of income that the ADP has received (via local NHS Board and Integration Authority), alongside the monies that have been spent to deliver the priorities set out in local plans.
- Distinguish appropriately between core income and other expenditure on alcohol and drug prevention, treatment and support, or recovery services which each ADP partner has provided a contribution towards.
- Highlight any underspend and proposals on future use of any such monies.

Inverclyde ADP Financial framework identifies income and expenditure for 2017/18, identifying the sources of income that the ADP has received (via local NHS Board and Integration Authority). Expenditure is reported where possible across:

- Alcohol and drug prevention,
- Treatment and support,
- Recovery services.

ADP total income and expenditure for 2017/18 was £2,883.100. 60% of this expenditure was within treatment and support services.

No underspend was reported in 2017/18.

### 4.3 Ministerial Priorities

#### Ministerial priorities for ADPs:

ADPs are asked to report on improvement goals and progress made around ministerial priorities across the reporting year (2017/18). Ministerial Priorities include:

#### Compliance Requirements

- Compliance with the Drug and Alcohol Treatment Waiting Times Local Delivery Plan (LDP) Standard - 90 % of service users receive treatment within three weeks of referral to services.
- Over 2017/18, 75% of service users referred to drug and alcohol treatment services were in receipt of services within three weeks from referral to treatment.
- Alcohol treatment services have consistently exceeded the 90% treatment standard.
- Those referred for drug treatment services faced longer waits. Increased demand for drug treatment services and staffing issues contributed to long waits. Resources were redirected to reduce waits.
- Implementation planning for the Drug and Alcohol Information System (DAISy) increase compliance with the Scottish Drugs Misuse Database data entry requirements for the SMR25 (a) and (b) datasets.
- ADP has established an implementation plan and scoped resources required to comply

- with the Scottish Government's plans for implementing DAISy.
- ADP Services have continued to comply with data requirement for SMR25a and b. Team leads continue to monitor compliance across services inputting to the SMR system.
- Compliance with the Alcohol Brief Interventions (ABI) Local Delivery Plan (LDP) Standard.
- Inverclyde ADP contributes to the achievement of the NHS GG&C Board wide target. For the delivery of ABIs across all settings which was exceeded for 2017/18.
- ADP performance in ABI delivery across priority settings (acute, primary care, maternities) improved from 735 of target in 2016/17 to 86% in 2017/18.

### **Quality Improvement**

Implementation of improvement activity at a local level, based on the individualised recommendations emerging from the Care Inspectorate Report, which examined local implementation of the *Quality Principles for Drug and Alcohol Treatment Services*.

- Inverclyde ADP continues to implement the Quality Principles improvement plan. This work has been supported by the addictions services review and Recovery Orientated Systems of Care (ROSC) development being undertaken in partnership with the Scottish Drugs Forum.

### **Harm Reduction and Reducing Drug Related Deaths**

**Increased planning and coordination of interventions to reduce and prevent drug and alcohol related deaths:**

- There were 23 Drug Related Deaths in Inverclyde in 2017; this was an increase of three drug related deaths from the 2016 figure. Alcohol related deaths have been on a downward trend.
- A revised drug related death prevention strategy has been developed.
- Partnership Action on Drugs Group was established with Police Scotland partners across K division and Renfrewshire ADP to share information and intelligence to improve early intervention.
- The Inverclyde rate (of Drug Related Deaths ) per 100k problem drug using population remains below the rate for Scotland for the 2013-2017 period.

**Work to support effective prisoner through care, particularly for locally identified vulnerable groups and whether this is referenced in local community justice improvement plans.**

- Effective prisoner through care including links with community addiction services is referenced within local community justice improvement plans, specialist services for offenders delivered via persistent offenders partnership provides enhanced through care support.
- Protocols with drug treatment services ensure access to prescribed medication – Opiate Replacement Therapy - on resettlement of prisoners to Inverclyde.

**Continuing support for the provision of naloxone in community, custodial and healthcare settings.**

- Naloxone coverage (cumulative) was increased from 27% to 34% between 2016/17 and 2017/18. Since 2016/17 assessment and review processes have included the offer of –
- Naloxone training and supply. Providing 100% coverage of offer of Naloxone within specialist treatment services.
- Services continue to work on take up of the Naloxone offer; take up of Naloxone has been particularly low for those in Prison.

### **Formal Arrangements for ADPs working with local partners.**

The ADP is embedded within LOIP reporting structures. Inverclyde ADP is one of a range of partnership grouping which which will be responsible for delivering on community planning and the Local Outcome Improvement Plan (LOIP) priorities. These partnerships will focus on the delivery of the priorities set out in the LOIP. They will report to the IOHP Programme Board and Alliance Board. For the ADP the reducing inequalities theme is the main cross cutting area of focus.

The ADP reports to Inverclyde Child Protection Committee (specifically on the children affected by parental substance misuse agenda) and is represented on other local governance structures including: Inverclyde Community Justice Partnership and Local Public Protection Network.

Scottish Government feedback on Inverclyde ADP annual report was positive see Appendix 2 for full feedback received.

#### 4.4 Programme for Government Additional funding to ADPs 2018/19

##### **Scottish Government - Programme for Government (PfG) 2018/19: Additional Investment**

The Scottish Government allocated £20 million of additional investment across Scotland through the Programme for Government 18/19 (PfG) to support activities which tackle problem alcohol and drug use with a focus on seeking and supporting new innovative approaches, as well as responding to the needs of patients in a more joined up person-centred way.

The additional Investment component of the PfG £17 million (from £20 million) was provided to NHS Boards for distribution to Integration Authorities (IAs) and on to Alcohol and Drug Partnerships (ADPs). Investment decisions on this funding being made by the ADPs to meet local needs and priorities within a framework of Investment areas identified by Scottish Government.

Inverclyde ADP allocation of the national award is £280.477 annually till 2020/21.

Inverclyde ADP has identified the following areas as the focus for improvement spend from the allocation of PfG over the next three years

1. Prevention and Early Intervention.
2. Improve Information and Support through digital development.
3. Improved access to drug/alcohol treatment services amongst those accessing inpatient hospital services.
4. Reduce waiting times for treatment and support services. Particularly waits for opioid substitution therapy (OST) including where these are reported as secondary waits under the LDP Standard.
5. Improved retention in treatment particularly those detoxed from alcohol and those accessing Opiate Substitute Therapy.
6. Continued development of recovery communities.
7. Increased involvement of those with lived experience of addiction and recovery in the evaluation, design and delivery of service.
8. Whole family approaches to supporting those affected by problem drug/alcohol use.

The remaining £3 million from the national allocation is being distributed across two funding streams via bidding processes which are open to statutory and third sector organisations addressing alcohol and drug related harm.

#### 5.0 PROPOSALS

It is proposed that the Alliance Board :

- Receives future information around Inverclyde ADP annual reporting and progress towards meeting Ministerial Priorities.
- Is kept informed of ADP investment developments and performance in relation to Programme for Government Additional Investment for ADPs.

#### 6.0 IMPLICATIONS

- 6.1 Legal: None  
Finance: None  
Human Resources: None  
Equality and Diversity: None  
Repopulation: None  
Inequalities: None

## **7.0 CONSULTATIONS**

7.1 Investment decisions have been informed by consultation with service users and other stakeholders carried out:

- within ongoing service user involvement with services via the Addictions Stakeholder Network,
- as part of the HSCP Alcohol and Drugs Service Review
- as a key component of work being undertaken by the ADP in partnership with Scottish Drugs Forum to scope and further develop Recovery Orientated Systems of Care (ROSC) in Inverclyde in line with Scottish Government policy direction and best practice.

## **8.0 LIST OF BACKGROUND PAPERS**

8.1 None.

**ADP Reporting Requirements 2017-18**

1. Financial framework
2. Ministerial priorities
3. Formal arrangements for working with local partners

In submitting this completed Annual Report we are confirming the this has been signed off by both the ADP Chair and Integrated Authority Chief Officer.

**Please note:** this document will be submitted to and agreed by Inverclyde ADP committee on Monday 8<sup>th</sup> October 2018.

The Scottish Government copy should be sent by **26 September 2018** for the attention of Amanda Adams to:  
[alcoholanddrugdelivery@gov.scot](mailto:alcoholanddrugdelivery@gov.scot)

**1. FINANCIAL FRAMEWORK - 2017-18**

Your report should identify all sources of income that the ADP has received (via your local NHS Board and Integration Authority), alongside the monies 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 other expenditure on alcohol and drug prevention, treatment and support, or recovery services which each ADP partner has provided a contribution towards. You should also highlight any underspend and proposals on future use of any such monies.

Income and Expenditure through the Programme for Government should only be recorded in ANNEX A – Programme for Government Investment Plans and Reporting Template.

**a) Total Income from all sources**

	<b>Problem Substance Use (Alcohol and Drugs)</b>
Earmarked funding from Scottish Government through NHS Board Baseline *	£1,315,430
Funding from Integrated Authorities	£1,567,670
Funding from Local Authority – if appropriate	
Funding from NHS (excluding funding earmarked from Scottish Government) – if appropriate	
Total Funding from other sources – as appropriate	Nil
Carry forwards	Nil
<b>Total (A)</b>	<b>£2,883.100</b>

**b) Total Expenditure from sources**

	<b>Problem Substance Use (Alcohol and Drugs)</b>
<b>Prevention</b> (include community focussed, early years, educational inputs/media, young people, licensing objectives, ABIs)	£553,555
<b>Treatment &amp; Support Services</b> (include interventions focussed around treatment for alcohol and drug dependence)	£1,695,262
<b>Recovery</b>	£585,269
<b>Dealing with consequences of problem alcohol and drug use in ADP locality</b>	£49,014
<b>Total (B)</b>	<b>£2,883.100</b>

**c) 2017-18 Total Underspend from all sources: (A-B)**

<b>Income (A)</b>	<b>Expenditure (B)</b>	<b>Under/Overspend</b>
<b>£2,883.100</b>	<b>£2,883.100</b>	<b>Nil</b>

**d) 2017-18 End Year Balance from Scottish Government earmarked allocations (through NHS Board Baseline)**

	<b>Income £</b>	<b>Expenditure £</b>	<b>End Year Balance £</b>
Problem Substance Use *	£1,315,430	£1,315,430	Nil
Carry-forward of Scottish Government investment from previous year (s)	Nil	Nil	Nil

Note: \* The income figure for Scottish Government should match the figure given in table (a), unless there is a carry forward element of Scottish Government investment from the previous year.

**Support in Kind**

<b>Provider 2017/18</b>	<b>Description 2017/18</b>
Red Cross	2 x training inputs to Recovery Café members. 32 x people First Aid Certificate
Crown Care	Inverclyde Recovery Café is self-funding – subsidised rent is paid to private sector for venue - Crown Care.
Your Voice	Use of premises free of charge for Inverclyde Recovery Jam. Men's Shed
Scottish Families Affected by Alcohol & Drugs	ABCD Training



Provider 2017/18	Description 2017/18
Your Voice	Peer mentor training provided free of charge from your voice
Your Voice Recovery peer mentor project - volunteering network	Support in kind from peer mentor volunteers 13 x Peer Mentors 3 x Presentation Team 4 x Youth Work volunteers 4 x volunteers @ Recovery Jam 1 x volunteer @ Bellville Gardens (community hub) 4 x volunteers @ Bellville Garden's (Men's Shed) 4 x active volunteers @ Inverclyde Recovery Cafe

## 2. MINISTERIAL PRIORITIES

ADP funding allocation letters 2017-18 outlined a range of Ministerial priorities. Please describe in this ADP Report your local Improvement goals and measures for delivery in the following areas during 2017-18 below.

PRIORITY	*IMPROVEMENT GOAL 2017-18	PROGRESS UPDATE	ADDITIONAL INFORMATION
1. Preparing Local Systems to Comply with the new Drug & Alcohol Information System (DAISy)	<p><b>Improvement Goals Include:</b> We will ensure compliance with the DAISy system:</p> <p><b>Raise DAISy awareness across Staff groups;</b></p> <ul style="list-style-type: none"> <li>- All staff groups have been provided with the with DAISy overview presentations developed by ISD. Including HP Greenock</li> </ul> <p><b>A DAISy implementation group will be established.</b></p> <ul style="list-style-type: none"> <li>- This group has been established and includes staff from all services who will be reporting through</li> </ul>	<p>Ongoing developments to support local implementation of DAISy have included the following:</p> <p>In early 2016/17 NHS Information Services Division (ISD) provided an information Governance DAISy workshop in Inverclyde. The workshop provided an update on DAISy and provided an opportunity to address any concerns including the collection of personal identifiable data, helping staff to understand the importance of why it is needed. The workshop was aimed at staff involved in delivering care as well as ADP leads and the ADP co-ordinator. ADP has representation at the National Drug and Alcohol Data Action Group which helps to inform our local arrangements for implementation of DAISy. This representation provides strategic, partnership and operational links with the programme development. A local DAISy implementation group has been established which includes representation from all services which will be included in the new DAISy information system. Staff from HMP Greenock are members of this group. This group has planned meeting to the DAISy implementation date and beyond.</p> <p>An implementation plan has been developed to support local delivery. This plan was reviewed in 2017/18 following the revision of national</p>	

	<p>DAISy including local Prion HMP Greenock.</p> <p><b>DAISy implementation plan will be developed.</b></p> <ul style="list-style-type: none"> <li>- Implementation plan has been developed and updated in line with national progress</li> </ul> <p><b>Super Users</b></p> <ul style="list-style-type: none"> <li>- Super users have been identified from across services to support delivery. Discussions are currently underway including Training for Trainer role of these staff members following recent advice from ISD via DADAT meetings</li> </ul> <p><b>Maintain 100% Identifiable Data ;</b></p> <ul style="list-style-type: none"> <li>- Waiting times data has for the past 5 years maintained 100% identifiable data which will support the transition of this practice to the Daisy system.</li> </ul> <p><b>Measuring Outcomes:</b></p> <ul style="list-style-type: none"> <li>- ROW training was delivered across all addiction teams and third sector partners who aim to use</li> </ul>	<p>DAISy implementation dates being made available from Scottish Government. This will be further reviewed when new implementation dates are clarified (at the time of writing there were not yet available)</p> <p>Key areas of focus for the group have included:</p> <ul style="list-style-type: none"> <li>▪ Audit of current data</li> <li>▪ Identified legacy data</li> <li>▪ Staff Awareness in particular we are now considering new staff - as time- frame has slipped new staff have come on board.</li> <li>▪ Service User Awareness: we are awaiting the revised service user leaflet from ISD.</li> <li>▪ Information Sharing protocols including compliance with existing processes and requirements for partner agencies.</li> <li>▪ Technology</li> <li>▪ Staff Training /Training for Trainers</li> <li>▪ Business Support</li> <li>▪ Development of Care Plans from ROW framework</li> </ul> <p><b>Measuring and Monitoring Outcomes and Recovery Outcome Web (ROW):</b> ISD provided ROW training for treatment staff in early 2017 in preparation for the monitoring and reporting of outcomes within the DAISy system. This will require to be revisited given the re-evaluation of ROW. Staff continue to use Outcome STAR alcohol and drugs.</p> <p><b>Prison Healthcare</b></p> <p>Prison healthcare staff have been involved in the national implementation of DAISy. Prison staff are represented on the Inverclyde ADP DAISy implementation group.</p> <p><b>HEAT Standard: Waiting Times for Access to Treatment Services.</b></p> <p>ADP performance in 2017/18 towards meeting HEAT standard for alcohol and drug treatment services</p> <p>Across all HSCP addiction services :</p> <ul style="list-style-type: none"> <li>▪ 75 % of those referred to specialist treatment services waited no longer than 3 weeks from referral received to appropriate drug or alcohol treatment that supports their recovery.</li> </ul>	
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	<p>ROW. This will required revision following the re-evaluation of ROW</p> <p><b>HEAT Standard:</b> Target - 90% of clients will wait no longer than 3 weeks from referral received to appropriate drug or alcohol treatment that supports their recovery.</p> <p><b>Delivery:</b></p> <ul style="list-style-type: none"> <li>75% of referrals to treatment received treatment within the three week target.</li> </ul>	<ul style="list-style-type: none"> <li>Within drug treatment services 45% of those referred to drug treatment services waited no longer than 3 weeks from referral received to appropriate drug or alcohol treatment that supports their recovery. Considerably below the 90% target.</li> </ul> <p>Demand remains high against available treatment resource. This is being addressed within the review of the service.”</p>																																	
<p>2. Tackling drug and alcohol related deaths (DRD &amp; ARD)/risks in your local ADP area. Which includes - Increasing the reach and coverage of the national naloxone programme for people at risk of opiate overdose, including those on release from prison and continued development of a whole population approach which targets harder to reach groups and focuses on communities where</p>	<p><b>Goal:</b> Improvement target: Reduce drug related mortality by 2%.</p> <p><b>Delivery</b></p> <ul style="list-style-type: none"> <li>There was a rise of 3 deaths [ to 23 ] in 2017 compared to the previous year. The 5 yr average has also increased.</li> <li>The Inverclyde rate per 100k problem drug using population remains below the rate for Scotland for the 2013-2017 period.</li> <li>2017 drug related deaths are above the 2013-2017 five</li> </ul>	<p><b>Tackling Drug and Alcohol Related Related Deaths Drug Related Deaths</b></p> <p>In line with national trends most recent drug related death data in Inverclyde reflects an increased in the number of drug related deaths in 2017 to 23 individuals. This increase has also raised our five year average measure 2013-2017 to 17. (see table 1)</p> <p>In 2017 39% of drug related deaths were women. We have experienced a continued increase in the proportion women within drug deaths.</p> <table border="1" data-bbox="779 1050 1608 1366"> <thead> <tr> <th>Table 1</th> <th>2011</th> <th>2012</th> <th>2013</th> <th>2014</th> <th>2015</th> <th>2016</th> <th>2017</th> </tr> </thead> <tbody> <tr> <td>Inverclyde Drug Related Deaths</td> <td>20</td> <td>13</td> <td>10</td> <td>17</td> <td>16</td> <td>20</td> <td>23</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td>2011/2015</td> <td>2012/2016</td> <td>2013/2017</td> </tr> <tr> <td>5 year average</td> <td></td> <td></td> <td></td> <td></td> <td>15</td> <td>15</td> <td>17</td> </tr> </tbody> </table> <p><b>Inverclyde ADP Drug Death Strategy : Staying Alive In Scotland</b></p>	Table 1	2011	2012	2013	2014	2015	2016	2017	Inverclyde Drug Related Deaths	20	13	10	17	16	20	23						2011/2015	2012/2016	2013/2017	5 year average					15	15	17	
Table 1	2011	2012	2013	2014	2015	2016	2017																												
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					2011/2015	2012/2016	2013/2017																												
5 year average					15	15	17																												

<p>deprivation is greatest.</p>	<p>year average.</p> <p><b>Goal:</b> We will support the development of alternatives to methadone</p> <p><b>Delivery:</b></p> <ul style="list-style-type: none"> <li>▪ ORT services have continued to offer Suboxone as an alternative to methadone where appropriate over 2017/18. There has been a slight increase in the percentage of service users taking up this opportunity in 2017/18.</li> </ul>	<p><b><i>National Strategy to Combat Drug Related Deaths.</i></b></p> <p>Inverclyde Drug Death Prevention Strategy has been the local vehicle for addressing drug death prevention and learning from incidents in Inverclyde. This strategy was reviewed in 2017/18 as part of the ADPs work to address recommendations from the <i>National Strategy to Combat Drug Related Deaths - Staying Alive in Scotland</i> (and associated toolkit) (Scottish Government 2016).</p> <p><b>Inverclyde ADP Drug Related Death Prevention Strategy provides a focus on <i>the following delivery measures:</i></b></p> <p><b><i>Naloxone</i></b> is a key delivery element of ADP Drug Death Prevention plan strategy. (see fuller note of Naloxone programme below)</p> <p><b><i>Assessment and Treatment:</i></b> Specialist drug treatment services have continued to provide a focus on offering alternatives to methadone principally Suboxone, with both new and current clients which offers advantages in terms of overdose toxicity.</p> <p><b><i>Low Threshold Services:</i></b> Additional medical time has supported the introduction of a low threshold services supporting early intervention and harm reduction.</p> <p><b><i>Harm Reduction:</i></b> Harm reduction continues to provide a focus on supporting better access to services. This includes needle exchange services which are provided at fixed times via clinics and on demand at a range of drug treatment and pharmacy services throughout the area. Services provide route transition advice from injecting drug use and foil promotion. The outreach component of this service has provided the opportunity to target those who may not already be in service.</p> <p><b><i>Drug Death Monitoring Group:</i></b> The drug death monitoring group continues to review all drug deaths locally to identify any implications for learning and practice across services. This work is carried out in collaboration with Inverclyde HSCP and NHS GG&amp;C governance arrangements. In accordance with NHS GG&amp;C Board Wide Clinical Services Group directive there is a Rapid Alert Process in place which in tandem with protocols provides a consistent framework for establishing learning from Drug Related Deaths.</p> <p>ADP Committee is provided with annual presentation and analysis of drug related deaths.</p> <p><b><i>High Risk Groups</i></b></p>	
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Detailed trend analysis of Drug Deaths in Inverclyde has shaped our focus for 2017/18 supporting the identification of risk and service development. This has included :

- Women who use drugs
- Those who have current or previous involvement with criminal justice services (prison and police custody)
- Older service users.
- Benzodiazepine use .

***Inverclyde Persistent Offenders Partnership (POP)***

Analysis of drug related death profiles have indicated a high level of contact between those who have died and police and prison services. POP has continued to target high risk groups. (also see response to ministerial priority 3 in this report). Liaison between drug and alcohol services and local police services, prison services and criminal justice teams has supported an early intervention and prevention approach. Strengthened links between community justice and addiction services has also supported enhanced pathways to services for women offenders.

***DTTO:*** Local management of DTTO services has provided the opportunity to better link these service users into wider community recovery networks and community based specialist treatment services. This model supports retaining people in services aiming to establishing links which will be retained outwith the life of the statutory order for this (often) hard to reach and high risk group.

***Acute Admissions:*** NPS Intelligence information from acute admissions is collated on a NHS GGC wide basis We have continued to analyse and use this information for developing a profile and needs assessment for NPS across the ADP area. A key area identified over the last few years has been the use of “Street Valium” and unidentified blue tablets which make up the vast majority of NPS reported from this source. We have used this information to work with local drug teams and police intelligence. (see poly drug use section below).

***Poly Drug Misuse:*** Services have identified a growing prevalence of drugs being sold locally as 'valium' which on analysis have contained other than diazepam with potencies being unknown and variable. This heightens risk and causes particular problems in relation to harm reduction measures. The unknown nature of the drugs, e.g. Their actions, strength, and reactions with other drugs makes advice giving

		<p>challenging. Drug team staff have worked with local Police Scotland and Police Scotland forensic services to obtain analysis of local supplies. Inverclyde has a high number of drug deaths where benzodiazepines are identified as a contributing cause.</p> <p><b>Addictions Acute liaison:</b> Non-fatal overdose patients admitted to acute wards are referred to acute addictions liaison staff where the overdose is assessed as a result of recreational drug use rather than attempted suicide. These cases will be seen on wards by acute alcohol and drug liaison staff and contact made with specialist drug treatment services if known to service or service needs to be established. Where there is thought to have been an attempted suicide contact is made with Acute Psychiatric liaison. There is a joint acute addictions and acute psychiatric liaison meeting at which these cases are discussed to support pathways to care via specialist treatment services or primary care.</p> <p><b>Older service users and co-morbidity among our most vulnerable service users:</b></p> <p>Phase one of the addictions review carried out in 2017/18 has identified the needs of older services users and co-morbidity (among older service users and other cohorts) as an area for priority consideration in within service improvement being taken forward in phase 2 of the review.</p> <p>Patients with co morbidity have care including ORT and psychotropic medication prescription delivered under supervision of a consultant addiction psychiatrist, working closely with local mental health services to agreed interface protocol.</p> <p>Liaison with respiratory nurse specialist to Improve respiratory health in drug users -in particular older drug users – and appropriate pathways to services has been identified.</p> <p><b>Inverclyde and Renfrewshire Drugs Action Partnership Group (DAPG)</b></p> <p>The DAPG has been established to combat the increasing Drug Related Death trend and to improve information sharing processes in order to protect those most at risk to harm as a result of drug misuse. The group has been established at the request of Police Scotland in the recognition of the need to better share intelligence around drug related issues and the interconnectedness of the actions across agencies. . The overall objective DAPG is to improve overall knowledge of the illicit drug commodity user market in order to protect those most vulnerable</p>	
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		<p>to harm and to reduce the tragic impact of drugs on individuals, families and communities within Renfrewshire and Inverclyde. The group will link with the NHS GGC Board Wide Drug Trend Monitoring group and Drug Related Death resource, Scottish ambulance services, Acute services across Inverclyde and Renfrewshire and Scottish Families Affected by Alcohol &amp; Drugs.</p> <p><b>“Staying Alive” - Preventing Drug Related Deaths Training</b></p> <p>The ADP has commissioned Preventing Drug Related Death Training from Scottish Drugs Forum.</p>	
	<p><b>Goal :Naloxone coverage:</b> Maximise Naloxone supply across target recipients - Increase (cumulative) coverage as % of drug misuse prevalence by 5%:</p> <p><b>Delivery</b></p> <ul style="list-style-type: none"> <li>▪ Coverage (cumulative) was increased from 27% to 34% between 2016/17 and 2017/18.</li> </ul> <p><b>Goal. Community Pharmacy:</b> Target increase coverage of Community pharmacy distribution of Naloxone over 2017/18.supporting outreach.</p> <p><b>Delivery:</b></p> <ul style="list-style-type: none"> <li>▪ Increase in % of Naloxone kits distributed via pharmacy: From 16% in 2016/17 to 17% in 2017/18.</li> </ul> <p><b>Assessment Target:</b> <b>Integrated Drug Service</b> All service users have</p>	<p><b>Naloxone: Inverclyde ADP Reach and Coverage of National Naloxone Programme.</b></p> <p><b>Funding Framework:</b> The ADP has, in partnership with NHS GG&amp;C, been working since 2015/16 to set in place mechanisms and funding to support the supply of Naloxone following the withdrawal of national funding from the Scottish Government which ceased on 31<sup>st</sup> March 2016. Under previous arrangements Naloxone supplies have been issued by Patient Group Directive (PGD) directly to patients receiving overdose awareness training.</p> <p>PGD supply has now shifted to NHS prescription for dispensing by community pharmacy. Training is delivered by addiction staff. Naloxone kits required for individuals “<i>out with</i>” specialist treatment service clinics (e.g. from fixed site Injecting Equipment Providers (IEPs), community pharmacies, homeless hostels, rehabilitation, supported accommodation, recovery events) are supplied using kits from a central stock of Naloxone which is funded by the Alcohol and Drug Partnership (ADP).</p> <p>ADP partners have worked to widen coverage of Naloxone training and supply across drug treatment service users. The Naloxone training programme has been refreshed with wider groups being targeted: families, voluntary organisations, other services (mental health and homelessness, Criminal Justice services and family support services).</p> <p><b>Specialist Drug Treatment Services:</b> Naloxone uptake is discussed with drug treatment service users at assessment and review. This includes addressing issues around resupply and ensuring kits held are within date. There has been a campaign to ensure the high visibility of Naloxone within drug treatment service premises with public information on display. Specialist treatment services offer ‘drop in’ and information about facilities where Naloxone training and supplies can</p>	

	<p>Naloxone option discussed as part of assessment.</p> <p><b>Delivery:</b></p> <ul style="list-style-type: none"> <li>Since 2016/17 assessment and review processes have included the offer of Naloxone training and supply. Providing 100% coverage of offer of Naloxone within specialist treatment services.</li> </ul>	<p>be accessed. This includes harm reduction clinics.</p> <p>Harm Reduction Nurse has been “piggybacking” keyworker and Consultant clinics, where there has been an increase of the number of Naloxone training being delivered to clients and offering Naloxone supply of kit.</p> <p><b>Naloxone sub group</b> has been developed within the drug treatment service. The groups remit is to consider areas within the service and at outreach where hidden populations can be identified, where Naloxone awareness can be raised, and number of Naloxone kits for distribution can be increased. This includes attending Shared Care clinics at health centre GP practices to widen our reach to client groups.</p> <p>This sub group looks at planning special events throughout the year where Naloxone awareness can be increased. This will be in way of health promotion events and delivering training to possible wider community groups.</p> <p>Services have been making use of a Naloxone DVD which is proving popular with service users. This provides a mechanism for engaging service users who are reluctant to join group training sessions.</p> <p><b>Families:</b> Arrangements are in place for families to access Naloxone independent of the drug misusing patient. Drug Team Family Support Services have been working with harm reduction services to identify potential need and those who are interested in taking up the Naloxone kits.</p> <p><b>Women’s Aid:</b> Harm reduction staff have been liaising with local women’s aid services and have delivered Naloxone Training and Supply to this hard to reach vulnerable group. Given the flow of service user to this service processes are in place to ensure training is ongoing and Naloxone supply is available and kits are in date.</p> <p><b>Homelessness</b></p> <p>Homelessness services have dedicated drug treatment and harm reduction services:</p> <ul style="list-style-type: none"> <li>Homelessness services staff have been trained and provided with Naloxone Kits as part of our programme to identify and respond to high risk groups.</li> <li>A rolling programme of Naloxone training has been</li> </ul>	
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implemented across this service which includes distribution and redistribution of Naloxone kits and ensuring kits are in date.

**Community Pharmacy: Harm Reduction Services at Community Pharmacy:**

Naloxone Pharmacy Project has been established targeting those not in treatment and hidden populations - whilst also supplying to those in treatment who have not accessed the specialist treatment services. Two community pharmacy services have continued over 2017/18 to supply Naloxone and BBV testing.

Increasing shared working relationships with pharmacies have been introduced this two pronged approach which includes:

1. Patients attending specialist drug service clinics who have not been at overdose risk for more than 6 months can be given a prescription from Consultant and supply of Naloxone can be dispensed via Pharmacy.

2. As part of outreach, harm reduction nurse rotate attendance at local community pharmacies offering Naloxone brief interventions and/or refresher courses. Where possible naloxone kits will be supplied by Nurse and pharmacist where staff have been trained in Naloxone distribution.

Patient's Consultant at specialist treatment services (Cathcart Centre) fill in the Prescription gaps.

Naloxone provision from community pharmacy outlets has continued to increase over 2017/18 supporting scope of Naloxone distribution. This delivery mechanism has also supported reducing barriers for those in treatment acknowledging to drugs worker that they may still be using /and or injecting.

Our share of Naloxone distribution from pharmacy has increased to 17% of all distribution in 2017/18.

**Acute NHS Setting:** Provision of Naloxone kits at acute hospital settings to overdose risk patients has been prioritised across NHS GG&C as part of the Naloxone programme. In partnership with acute

staff, addiction services, hospital pharmacy teams and acute liaison staff guidance was developed to facilitate supply of take home Naloxone within an acute setting. The guidance provides for overdose awareness and Naloxone training to be provided by acute addictions staff with a request for discharge medication to include Naloxone (with the involvement of discharging doctor and hospital pharmacy team).

Acute liaison staff provide training to acute staff to support wider harm reduction advice including Naloxone provision.

**Residential Rehabilitation:** within the ADP area there are two residential rehabilitation units one male and one female. Staff across both units have been Trained in Naloxone and have Naloxone kits available.

**Naloxone Peer Training:** Members of the Inverclyde Recovery Café have been trained to deliver peer training on Naloxone.

Over the past year, Naloxone training has been undertaken with across a range of Voluntary Sector providers. Training has been given in service users' homes and pharmacy settings.

**Naloxone Supplies 17/18:** The table below outlines Naloxone supplies made in the 17/18 reporting period for Inverclyde ADP area. The majority of addiction teams started to supply Naloxone via prescription from September 2016 to individuals attending clinic settings. Outwith a clinic setting, individuals at risk of opioid overdose, family members/friends, individuals likely to witness an opioid overdose and services working with individuals at risk of opioid overdose are still supplied with physical Naloxone kits at the time of training.

**Current Coverage:** The previous aspirational target for Naloxone coverage was set at 30% of the estimated drug using population for each ADP. The table below shows coverage across Inverclyde ADP and NHSGGC.

<b>Table 2 Area</b>	<b>Estimated Problem Drug Users<sup>(1)</sup></b>	<b>Naloxone: Percentage Coverage achieved based on accumulative total</b>	
		<b>(Apr 11–Mar 17)</b>	<b>(Apr 11–Mar 18)</b>
Inverclyde	1,700	27%	34%

		NHS GGC	20,900	43%	56%	
	<p><b>Goal:</b> We want to ensure that less people become involved in problematic and risky drinking in the first place. We wish to ensure that those who do are treated timeously and appropriately.</p> <p><b>Goal :</b> Achieve HEAT standard for alcohol</p>	<p><b>Peer Delivery and Training of Naloxone:</b> The recovery café project has continued over 2017/18. Recovery assets who work and volunteer within the Inverclyde recovery café network have completed Naloxone training for trainers. In 2017/18 twelve peers were trained. Those trained continue to deliver training to recovery café attendees. The recovery café project has a supply of Naloxone Kits.</p> <p><b>Naloxone Programme Prison Setting :</b>Over the 2017/18 period within HMP Greenock Naloxone Programme has continued to target those leaving prison (whether after completing a sentence or from court) where Naloxone training and supply is offered prior to release.</p> <p>Services have worked to bring family members within the Naloxone programme providing a system for additional supplies for family members who feel their relative is at risk. The programme is implemented by trained nurses, NHS admin and Scottish Prison Service Staff who manage database and SPS who facilitate prisoners' training.</p> <p>Prisoners in many cases are repeat offenders, have been in remand and/or have are already engaged with community treatment services where Naloxone will have been discussed in the past. Services work to encourage prisoners to consider the take up of Naloxone.</p> <p>HMP Greenock offers group &amp; one to one training and Naloxone information is well signposted within the prison. Work has begun to adopt more peer involvement with Naloxone training and take up within the prison setting.</p> <p><b>Alcohol Related Deaths</b> Treatment and prevention services in Inverclyde support work to reduce alcohol related deaths: <b>Treatment services:</b> Inverclyde Integrated Alcohol Services (IIAS) offer a comprehensive and integrated service. Ease of access to services is supported by self-referral and duty services. Continued assertive alcohol liaison into acute medical and surgical wards as well as acute psychiatry units, improving secondary and tertiary prevention for those patients already unwell through their alcohol use.</p>				

	<p>treatment services in 2017/18;</p> <p><b>Delivery</b></p> <ul style="list-style-type: none"> <li>Alcohol treatment services have consistently exceeded the 90% of people treated within 3 week target</li> </ul> <p><b>Goal:</b> ABI Primary care and wider settings for ABI delivery for 20016/17 are shown in table 3.</p> <p><b>Target:</b> 612 ABIs to be delivered across priority and wider setting.</p> <p><b>Delivery/performance:</b></p> <ul style="list-style-type: none"> <li><b>524</b> ABIs delivered indicating 86% of target achieved.</li> <li>Increase in % of target achieved from 73% in 2016/17 to 86% in 2017/18.</li> </ul> <p><b>ABI Targets:</b> 2017/18 NHS GG&amp;C Board wide ABI targets and performance for Acute setting ABI delivery are shown in table 4: Inverclyde contributes to this board wide deliver via acute addiction liaison. I</p>	<p>The development of an assertive service model for engaging highly vulnerable individuals into medical and nursing clinics and onwards into evidenced based treatments such as formal detoxification and relapse prevention medications and psychological therapies. Services triage and prioritising the most vulnerable and medically unwell for elective inpatient detoxification admission in our dedicated addictions beds.</p> <p>The creation of formal Multi-Disciplinary Teams where complex risk management plans can be agreed for all, but especially those assessed to be medically and psychiatrically vulnerable.</p> <p>Clear processes for reviewing and assertively managing situations where vulnerable service users disengage in unscheduled ways from active treatment. These processes are based on the GG&amp;C Closing Cases Guidelines and are regularly audited.</p> <p>Clear routes for optimising individuals' personal recovery and encouraging their uptake of meaningful activities.</p> <p>A key component of the day service group programme is relapse prevention. The prescribing and supervision of Disulfiram therapy would also be considered relapse prevention.</p> <p>The majority of IAS staff have attended training in "Core Behavioural and CBT Skills for Relapse Prevention and Recovery Management" which are used in their 1:1 work with service users.</p> <p>Alcohol treatment services provide a pathway from medical intervention to recovery services. The programme also works to support mutual aid through peer support development.</p> <p>In 2017/18 Inverclyde Recovery Café has focused developments on supporting employability related activities with an emphasis on supporting access to existing employability services supporting inclusion.</p> <p><b>Repeat Admissions to Acute Sector: Identifying High Risk Patients.</b> A programme of work was established in 2017/18 to consider repeat admissions of clients known to addiction services.</p> <p><b>Alcohol Brief Interventions (ABIs)</b> Inverclyde ADP contributes to the overall NHS GG&amp;C Board wide ABI</p>	
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Target at least 80% to be delivered within priority settings

- Performance- indicates 86% delivered within priority setting.

targets. for primary care and wider settings:

- NHS GG&C Board wide target (for all Settings ) was exceeded - 122% of target delivered in across NHS GG&C in 2016/17 reporting period.

Table 3 indicates targets and achievement for the Local Delivery Plan ABI Commitment for 2017-18 for all non-acute settings. The table reflects Inverclyde ADP's share of the NHS GG&C Board Wide target.

Inverclyde ADP contributes to the overall NHS GG&C Board wide ABI Targets. For primary care and wider settings:

<b>Table 3: Inverclyde HSCP: 2017 – 18 ABI Target 612 –non acute</b>						
Quarter	Primary Care Settings	Wider Settings	Total	Target	Remainder of Target Outstanding	% Of Target Achieved
<b>2017/18</b>	<b>320</b>	<b>204</b>	<b>524</b>	<b>612</b>	<b>97</b>	<b>86%</b>
<b>2016/17</b>						<b>73%</b>

**Acute Setting ABIs**

Table 4 indicates targets and achievement for the LDP ABI Commitment for 2017-18 in acute settings. HSCP Acute liaison staff deliver these interventions.

NHS GG&C Board wide Acute target was exceeded - 127% of target delivered in across NHS GG&C in 2017/1/8 reporting period.

<b>Table 4 : Acute All Settings 2017 – 18 ABI Target 4698 NHS GG&amp;C</b>						
Quarter	Acute (Priority Settings)	Acute (wider settings)	Total for Quarter	Target for Quarter	Remainder of Target Remaining	Percentage Achieved
<b>TOTAL</b>	<b>4785</b>	<b>1198</b>	<b>5983</b>	<b>4698</b>	<b>0</b>	<b>127%</b>

**The Healthier Inverclyde Project (HIP)** team have continued to deliver a whole population approach to substance misuse prevention and education work across the Inverclyde area. This work includes training, information and advice to deprived and hard to reach communities in the local area.

		<p>HIP, Young Persons Alcohol Team and Community Learning and Development (youth work ) staff continue to deliver a programme of substance misuse education in primary and secondary schools with a focus of supporting young people to make better choices.</p> <p><b>Substance Misuse Prevention and Education In Schools:</b> Over 2017/18 the ADP in partnership with education services supported a survey of all head teachers to identify needs with respect to support to deliver substance misuse education in schools.</p> <p>The ADP has been working in partnership with NHS GG&amp;C Wide Health Improvement services to roll out a recently developed online resource for schools – “<b>Substance Misuse Toolkit</b>” - which contains information and lesson plans for student groups from early years to upper level. Our aim to implement in this quarter of 2018/19 now that the resource has been finalised.</p> <p><b>Licensing:</b> ADP continues to consider licensing issues and supports the Licensing Forum. In 2017/18 the ADP has been developing in partnership with the Licensing forum an Alcohol Related Harm document which aims to support the Licensing Board in its decision making.</p>	
<p>3. Ensuring a proactive and planned approach to responding to the needs of prisoners affected by problem drug and alcohol use and their associated through care arrangements, including women.</p>	<p><b>Goal:</b> Finalise and implement a revised substance misuse strategy for NHS GGC Prison Healthcare.</p> <p><b>Delivery</b></p> <ul style="list-style-type: none"> <li>▪ Strategy has been finalised and is now being implemented.</li> </ul> <p><b>Goal:</b> HEAT standard for alcohol and drug treatment waiting times delivered at HMP Greenock.</p>	<p><b>Prisoners affected by problem drug and alcohol use and their associated through care arrangements, including women:</b> As part of the new Substance Misuse Strategy NHS GGC prison health care has adopted a tiered approach to understanding and responding to substance misuse within prison healthcare [PHC}. Substances included are all illicit drugs, alcohol, prescription drugs, new psychoactive substances, illicit steroid use, volatile substances, tobacco and other harmful drugs that are commonly used to the detriment of health and wellbeing and the wider community.</p> <p>PHC provide a high quality, evidence based, and person centred service to individuals in custody affected by substances. This allows them to move through treatment into sustained recovery. Person centred care is the basis of all service activity. The multi-disciplinary team places particular importance on collaboration, efficiency and effectiveness. Treatment is accessible and is delivered at a level to</p>	

	<p><b>Delivery :</b></p> <ul style="list-style-type: none"> <li>HMP has achieved 100% delivery of treatment within HEAT standard for alcohol and Drug services in 2017/18.</li> </ul> <p><b>Goal:</b> DTTO will be fully supported by our Integrated Drug Services.</p> <ul style="list-style-type: none"> <li>-DTTO service re-design has been implemented</li> </ul> <p><b>Goal :</b> Develop Recovery Café Services within Prison Setting:</p> <p><b>Delivery</b></p> <ul style="list-style-type: none"> <li>- Male and female recovery café facilities have been established which are peer led.</li> </ul> <p><b>Goal:</b> Persistent Offenders Partnership [POP] will continue to work with offenders supporting diversion from custody</p> <p><b>Goal;</b> POP aimed to support more women :</p> <ul style="list-style-type: none"> <li>POP work with HMP Greenock has continued to be delivered over 2017/18.</li> </ul> <p><b>Goal:</b> Take up of Naloxone by prisoners on release;</p>	<p>match assessed need.</p> <p><i>HMP Greenock Waiting Times:</i> Prison waiting times which in 2017/18 reflected 100% compliance with HEAT standard of access to treatment within 3 weeks.</p> <p>Service delivery has been adapted to address changing drug trends and the high risk consequences posed by New Psychoactive Substances.</p> <p>Mechanisms have been put in place over 2017/18 to ensure that in the coming reporting year the standards in each section of the GG&amp;C Alcohol , Drugs and Tobacco Strategy will be audited with full audit and peers audit annually. There are quarterly reporting requirements and an audit process built in to the standard operating procedures to ensure all areas of the Substance Misuse strategy are met. Prison healthcare staff have been involved in the national implementation of DAISy and await its roll out.</p> <p><b>Care Plans</b> Each service user is provided with an individualised care plan which is updated as care continues. The flow of exchange of clinical information between the community, police custody suites and PHC has improved to ensure early intervention and individualised treatment programmes are initiated promptly for the individual. The NHS team identify patients with complex needs to be commenced on initiation of ORT, with low threshold of access to this service.</p> <p>We also offer a comprehensive BBV testing and treatment service. All patients are offered opt out testing and those with a +ve result are fast tracked into assessment and treatment</p> <p><b>Through-care</b> arrangements with GP prescribers and Treatment and Support services will be concluded prior to release from custody. All patients on opiate replacement therapy being released from custody are reviewed by the community prescriber within 24hours of release. In the majority of these releases, a same day service exists. The NHS</p>	
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	<p>target is 25% of eligible releases.</p>	<p>staff within PHC work closely with SPS through- care support offices to ensure that a seamless level of transfer of care is implemented on the day of release.</p> <p><b>DTTO:</b> Local management of DTTO services has provided the opportunity to better link these service users into wider community recovery networks and community based specialist treatment services.</p> <p><b>Persistent Offenders Partnership (POP):</b> POP projects central aim is to reduce reoffending and diversion from prosecution. This includes those being released from custody with a focus on outreach supporting access to drug and alcohol treatment services and linking with other agencies including, criminal justice, housing, benefits ,GPs.</p> <p>POP has continued to target high risk groups. Liaison between drug and alcohol services and local police services, prison services and criminal justice teams has supported an early intervention and prevention approach. Strengthened links between community justice and addiction services has also supported enhanced pathways to services for women offenders.</p> <p>The POP team have continued to develop good links with the through-care team based within Greenock prison. This relationship has supported joint working in a number of ways including supporting effective pathways to services for his hard to reach group. Firstly the through-care team provides a link with active POP service users in the lead up to their release. At times, through the relationship that has been built up, the POP workers can request for specific prisoners who are not imprisoned within Greenock, to be returned to Greenock prison prior to release. This ensures that POP workers can work with prisoners up to, at and beyond liberation date. This good joint working relationship has resulted in a number of referrals being made from through-care staff directly into addiction services. This includes but is not exclusive to referrals to the POP team.</p> <p>POP has in 2017/18 supported MAPPA arrangements for several of their client group. Supporting public protection and supporting participation in treatment services.</p> <p>POP has accessed residential rehabilitation for drugs and alcohol</p>	
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needs in 2017/18.

Over 2017/18 there were 11 successful discharges from the service (19% of caseload) representing positive outcomes, reflecting , overcoming drug/alcohol dependency, reducing offending behaviour no longer subject to attention of Police Scotland.

*Female prisoners.* Over 217/18 there were 5 females referred to the POP project. The team will continue to build on the good practice that is already taking place to develop more referrals for female offenders.

**HMP Greenock Recovery Café :** The HMP Greenock Recovery Cafés continue to be led by prisoner steering groups. The attendance at this fluctuates and is subject to ongoing review, with more NHS involvement anticipated. Focus groups were held with both male and female members of the Café to explore areas for improvement.

Service user involvement: Part of this review has included prisoners from both female and male wings of the prison taking responsibility for having others complete a questionnaire on the current arrangements for the Café. A report was co

**Naloxone :** HMP Greenock is committed to the national harm reduction strategy by providing Naloxone training and supply of kits on liberation to patient group. Over 2017/18 HMP Greenock achieved 40% of target distribution of Naloxone. All eligible prisons would have been offered Naloxone as part of assessment and review processes within the service. Future volunteer training to HMP Greenock patients aims to include peer naloxone training.

Naloxone		Total Apr 2011- March 2018	Recommended no. of kits to be supplied annually (25% eligible liberations)
Establishment	Total 2017/18		
HMP Greenock	38	394	96

**ROSC Development:** HMP Greenock staff have been involved with the ROSC development work being undertaken by the Scottish Drugs

Forum. This has included health and throughcare staff supporting the links between prison and the community.

**Women Offenders: Prevention Early Intervention Agenda: Inverclyde Early Action System Change: Women and Justice in 2017/18** Inverclyde HSCP was successful with a Big Lottery Early Action Systems Change bid in the category of *Women Involved in the Criminal Justice System*. The focus is on systems change, adopting a public health and early intervention model. The monies will fund a project manager, community worker and data analyst. A project steering group has been developed that will feed into the Community Justice Partnership governance arrangements. Over this early phase of the project the steering group has been developing a first stage delivery plan. This a long term project - 5 years. The project has a defined key ambition to : *“Build community capacity to offer women the “right support, a the right time by the right people” with the key aim to achieve: “Whole systems change based on what people who use our services tell us they need; that is early help that is community based”.*

**GP Registration:** Access to GP registration has been explored via the Greater Glasgow & Clyde Community Justice Health improvement Group. The group considered the process of GP registration and a key issue of de-registration when people are in custody for more than six months to enable them to be registered with Prison healthcare GP. While there was anecdotal service user feedback, we pulled together available data. Across Greater Glasgow & Clyde the data suggested there were significant numbers of people being de-registered while in custody and not being recorded as registered on release from custody. New Routes Project also confirmed high numbers of people from Inverclyde in this category. Greater Glasgow & Clyde Community Justice Lead in conjunction with Inverclyde Community Justice Partnership identified areas of good practice. This included HMP Kilmarnock Prison healthcare that have developed a very pro-active approach using automatic letter reminders for people towards the end of their sentence. One outcome following on from this piece of work is we are considering new ways of supporting people returning to Inverclyde from custody ensuring they are registered with a GP.

**Community Payback Orders 2017-18:** 31 women actively engaged

with the Service and of these 22 were on a CPO with a Supervision Requirement. 2103 hours of direct contact/ supervision were provided to the women many of whom have complex needs. Through the skilful support and tenacity of the support staff there is evidence of lives being slowly turned around, with the women being empowered to take responsibility for the issues which affect them promoting access to wider community supports.

**Women Offenders:- Action for Children Project:** The Inverclyde Integrated Women's Service which supports prevention work around re-offending is delivered in partnership by Action for Children [AFC] and Inverclyde Criminal Justice Social Work [CJSW]. Throughout 2017/18 there has been a continued demand on the service which provides individual, holistic support which focuses upon the wellbeing of those referred.

A key component of the service has been the Inverclyde Integrated Women's Case Review Group, which is multiagency and is supported by Addiction services. The Group not only looks at new services, but also reviews complex cases which could benefit from a fresh multi-agency perspective.

**Case Study:**

Our Community Justice Partnership provided the case study below within their annual report which provides an illustration of integrated support provided across criminal justice, addition services and third sector including Inverclyde Recovery Café peer led project.

Chris wrote in 2016 we received a phone call from one of our former volunteers to let us know about his friend who had recently been released from a short-term prison sentence. We were happy to pass on our drop-in details and at the start of September; we met with him at our drop-in at the Wellpark Centre in Greenock. He was a 31-year-old male with a history of alcohol dependency and came to us extremely motivated for change. He had been liberated having served 120 days and had managed to stay sober since. He also had cases pending and was still to complete a Community Payback Order that meant it was compulsory to attend the Community Addiction Team (CAT) at the Wellpark Centre and have regular contact with his Criminal Justice Social Worker. This helped us greatly when planning his support as we already had

		<p>very good working relationships with his CAT worker and his Criminal Justice Social Worker. From his initial action plan, it was clear that his main aims were to stay sober and look to make better use of his time while spending it with more positive influences. He also wanted to get a relationship back with his mum and his sibling, which had been broken due to his behaviour when alcohol dependent.</p> <p>We supported him to attend the Inverclyde Recovery Café and at the end of last year, he received an award from them for being their most enthusiastic participant. This was amazing to see him get this award, as he was so happy when he was presented with it. He took part in many things at the Recovery Café, which included a personal life skills programme, and the Christians Against Poverty Money Course to learn budgeting skills.</p> <p>He appeared back at Greenock Sheriff Court for a review of his CPO and the Sheriff was delighted with the progress that he had made. He was asked to appear again to review the situation. This really was progress for him as previously when attending Court, he was given custodial sentences and it was never a good experience for him.</p> <p><b>Prevention and Early Intervention:</b> Inverclyde Community Justice Partnership coordinated a regional event alongside Community Justice Colleagues from the former North Strathclyde Local Authorities. This event titled “An Upstream View in North Strathclyde”; focused on having an agreed definition across Community Justice Partners of prevention and early intervention and the opportunities to develop this further. This recognises the importance of early help and support in reducing re-offending. This included prevention and early intervention around substance misuse.</p>	
<p>4. Continued implementation of improvement activity at a local level, based on the individualised recommendations</p>	<p><b>Goals:</b> We will take forward processes and mechanisms for supporting the implementation and monitoring of the national quality principles across</p>	<p>An improvement plan has been implemented in response to Care Inspection recommendation following inspection of implementation of <i>Quality Principles: Standard Expectations of Care and Support in Drug and Alcohol Services</i>.</p> <p>The Care Inspection process has provided a mechanism for establishing a baseline for the local Implementation of <i>Quality</i></p>	

<p>within the Care Inspectorate Report, which examined local implementation of the <i>Quality Principles</i>.</p>	<p>statutory and commissioned services.</p> <ul style="list-style-type: none"> <li>- Baseline established via Care Inspectorate assessment.</li> <li>- adopted local QP assessment tool.</li> <li>- HSCP Contract compliance processes references with QP.</li> </ul>	<p><i>Principles: Standard Expectations of Care and Support in Drug and Alcohol Services.</i> Gaps have been identified by this process which has become the focus of ADP's future improvement plans.</p> <p>The ADP has over 2017/18 embarked on two key work streams which are supporting recommendations from Care Inspectorate recommendations. This involves :</p> <ol style="list-style-type: none"> <li><b>1. Scottish Drugs Forum ROSC Development</b></li> <li><b>2. Addictions Service Review</b></li> </ol> <p><b>1.Scottish Drugs Forum ROSC Development</b></p> <p>1.1 Scottish Drugs Forum (SDF) is working with Inverclyde ADP to support continuing development of the Recovery Orientated System of Care (ROSC) across ADP partners. This work builds on previous Training Needs analysis carried out by SDF in 2016/17. Over 2017/18 this has included consultation with staff across all ADP partner agencies and service users services considering current service provision which people affected by drugs and alcohol can access; how services work together for the benefit of service users; and looking to identify any areas for further development and improvement which could be progressed locally. This work will inform ADP-wide ROSC development and will include adherence to quality principles. Initial findings have been reported and the next phase involves a ROSC event at which partners will have a voice in shaping future services.</p> <p>This work is being referenced across the review of addiction services which is being implemented concurrently.</p> <p><b>2. Addictions Service Review</b></p> <p>The Addictions Service Review is governed by a vision and values which will support the development of services which are aligned with the Scottish Government's expectations with respect to the Quality Principles. The vision and values for the review include:</p> <ul style="list-style-type: none"> <li>• To ensure service users receive the right assessment and treatment, at the right time, that is centred on their needs.</li> <li>• To ensure the focus on a recovery pathway in which the service user is fully involved and able to participate in planning their</li> </ul>	
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		<p>own sustainable recovery.</p> <ul style="list-style-type: none"> <li>• To ensure safe, effective; evidence based and accountable practice focused on delivering quality outcomes.</li> </ul> <p>Phase 1 of the review has been completed. This has established needs and demands and capacity across services and a clear view of our processes and gaps in capacity and nature of service provision.</p> <p>Phase two has commenced and will include: developing options for a new model of working with a fully integrated pathway across drugs and alcohol which meets a common set of core professional and practice objectives. This will include focus on current/ future demands related to emerging factors e.g. national policy; resource allocations; ageing population; new and emerging drug trends and also treatments. This work will progress through 2018/19.</p> <p>We recognise that funding transformation is not about shoring up existing services where the needs of the population are not being met. The Service review will allow us to use ADP monies to transform addiction services. However, the process of this work and transition to a new model of service will impact on attainment of targets in the short term.</p>	
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\* SMART (*Specific, Measurable, Ambitious, Relevant, Time Bound*) measures where appropriate

### 3. FORMAL ARRANGEMENT FOR WORKING WITH LOCAL PARTNERS

What is the formal arrangement within your ADP for working with local partners including Integrated Authorities to report on the delivery of local outcomes?

#### Reporting to HSCP : Integrated Joint Board and HSCP Committee

Arrangements have been put in place for the ADP Annual Reports/ Delivery Plans/shared documents to be reported thereafter to the Integrated Joint Board, and HSCP committee within the Council. In addition performance reports made to the IJB and HSCP committee may also include ADP related reporting for example HEAT Performance.

#### Child Protection Committee (CPC);

ADP Children Affected by Parental Substance Misuse (CAPSM) group reports priorities for action and progress to the CPC and ADP Committee on a quarterly basis.

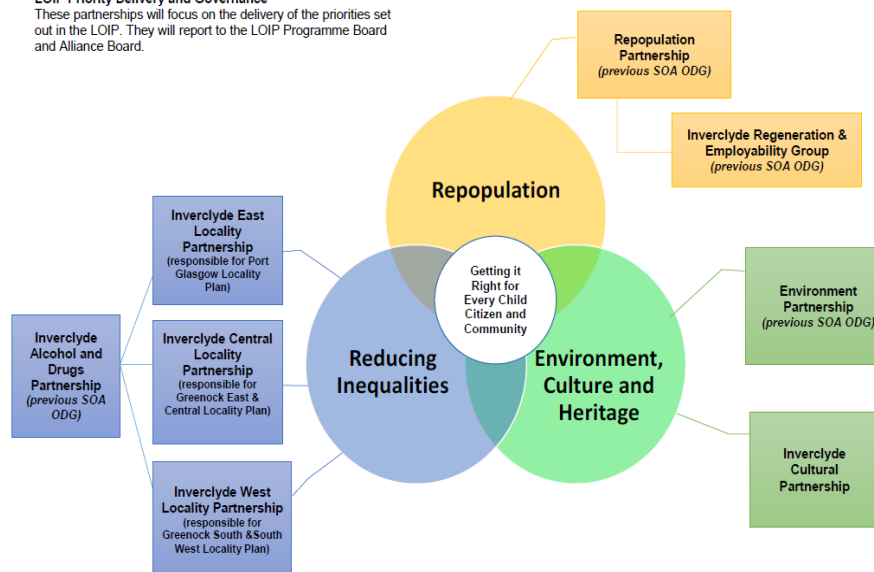
#### Inverclyde Community Planning Framework – IOIP Governance Structure

The ADP is embedded within LOIP reporting structures. Inverclyde ADP is one of a range of partnership grouping which will be responsible for delivering on community planning and the Local Outcome Improvement Plan (LOIP) priorities. These partnerships will focus on the delivery of the priorities set out in the IOIP. They will report to the IOHP Programme Board and Alliance Board. For the ADP the reducing inequalities theme is the main cross cutting area of focus. However, there will be scope for supporting other themes. (see governance structure in table below).

Appendix 1 – LOIP Governance Structure

#### LOIP Priority Delivery and Governance

These partnerships will focus on the delivery of the priorities set out in the LOIP. They will report to the LOIP Programme Board and Alliance Board.



**In submitting this completed Investment Plan, we are confirming this has been signed off by both the ADP Chair and Integrated Authority Chief Officer.**

## SCOTTISH GOVERNMENT FEEDBACK TO INVERCLYDE ADP - ADP ANNUAL REPORT 2017-18

## 1. FINANCIAL FRAMEWORK

<b>Financial Framework: SG Earmarked Allocations</b>	Thank you for the detailed information in this section. This is welcomed by Ministers.
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## 2. MINISTERIAL PRIORITIES

PRIORITY	FEEDBACK
1. Preparing Local Systems to Comply with the new Drug & Alcohol Information System (DAISy)	<p>Thank you for sharing the work planned to ensure your ADP is ready for DAISy Go Live in April 2019, this is appreciated by Ministers.</p> <p>We note your ADP has an implementation group drawn from all services and have focussed on a number of areas including but not restricted to training, staff and service user awareness, data and technology. Prison healthcare staff have been involved too.</p>
<p>2. Tackling drug and alcohol related deaths (DRD &amp; ARD)/risks in your local ADP area.</p> <p>Which includes - Increasing the reach and coverage of the national naloxone programme for people at risk of opiate overdose, including those on release from prison and continued development of a whole population approach which targets harder to reach groups and focuses on communities where deprivation is greatest.</p>	<p>Thank you for your update. As part of your current work, we have noted that you have in place a whole population approach to substance misuse including training in schools and outreach within local communities</p> <p><b>Drug Related Deaths</b></p> <p>You have told us that the Inverclyde Drug Death Prevention Strategy, which was reviewed in 2017/18, has been the local vehicle for addressing drug death prevention and learning from incidents in Inverclyde. You have in place liaison between drug and alcohol services, local police services, prison services and criminal justice teams to support an early intervention and prevention approach. Your ADPs drug death monitoring group continues to review all drug deaths locally to identify any implications for learning and practice across services and is carried out in collaboration with partners.</p> <p>Your harm reduction measures concentrate on supporting better access to services, includes needle exchange services, and has provided the opportunity to target those who may not already be in service.</p> <p>Your ADP and partners have worked to widen coverage of Naloxone training and supply across drug treatment service users including through pharmacies and nurses in treatment services. You are targeting families, voluntary organisations, other services (mental health and homelessness, Criminal Justice services and family support services) along with prisoner programmes to take forward training.</p> <p><b>Alcohol Related Deaths:</b></p> <p>We have noted that your Inverclyde Integrated Alcohol Services (IIAS) offers a comprehensive and integrated service. You have in place plans to engage individuals into treatments including processes to deal with complex risk management plans and work in partnership with other local organisations to optimise an individual's recovery and preventing relapse and to reach out to those most at risk and not known to the services.</p> <p>Your ADP will now consider licensing issues and you support the Licensing Forum. We look forward to further updates as tis progresses</p>
3. Ensuring a proactive and planned approach to	We note with interest your engagement with prison communities and throughcare support pathways, including for women, within your ADP are well detailed and positive. Prisoners affected by problem drug



<p>responding to the needs of prisoners affected by problem drug and alcohol use and their associated through care arrangements, including women</p>	<p>and alcohol use are assisted to move through treatment into sustained recovery. There are partnerships with all local providers – police, prison, GPs etc – in place to support those on release into support services. Your strengthened links between community justice and addiction services has also supported enhanced pathways to services for women offenders.</p> <p>We note that extra funding through the Big Lottery Fund has been secured to focus on adopting a public health and early intervention process for women in prison and on release. You have told us that you have explored GP registration for those prisoners approaching release. In due course, further details of both projects would be helpful</p>
<p>4. Continued implementation of improvement activity at a local level, based on the individualised recommendations within the Care Inspectorate Report, which examined local implementation of the <i>Quality Principles</i>.</p>	<p>Thank you for sharing your ongoing improvement activities. You have told us that an improvement plan has been implemented in response to Care Inspection recommendations.</p> <p>Your report sets out work you are doing with Scottish Drugs Forum (SDF) to support continuing development of the Recovery Orientated System of Care (ROSC) across ADP partners. This work has included staff consultation across all ADP partner agencies and service users looking to identify areas for further development/improvement. You further report on The Addictions Service Review to establish needs and demands and capacity across services, developing options for a new model of working with a fully integrated pathway across drugs and alcohol. We look forward to further updates as this work moves on.</p> <p>Your ADP Report does not evidence how your ADP is implementing lived experience. We would be grateful if you can drop a few bullets points on this to Amanda Adams at <a href="mailto:Amanda.adams@gov.scot">Amanda.adams@gov.scot</a> on this by 14 December.</p>

### 3. ADDITIONAL INFORMATION

<p>What is the formal arrangement within your ADP for working with local partners including Integrated Authorities to report on the delivery of local outcomes?</p>	<p>Your governance/accountability routes are well defined.</p>
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