
Report To:	Social Work and Social Care Scrutiny Panel	Date:	20 October 2022
Report By:	Kate Rocks Chief Officer Inverclyde Health & Social Care Partnership	Report No:	SWSCSP/12/2022/AM
Contact Officer:	Anne Malarkey Head of Service Mental Health, ADRS and Homelessness	Contact No:	01475 715284
Subject:	Inverclyde Alcohol and Drug Partnership Update		

1.0 PURPOSE AND SUMMARY

1.1 ☐ For Decision ☒ For Information/Noting

1.2 The purpose of this report is to provide the Social Work and Social Care Scrutiny Panel with a summary of updates on developments at a national and local level from the Inverclyde Alcohol and Drug Partnership.

1.3 This summary will include:

- Changing Lives Report
- Medication Assisted Treatment Standards
- Drug Related Deaths
- Alcohol Specific Deaths
- Health Improvement Scotland Proposal
- Alcohol And Drug Partnership Funding
- Alcohol and Drug Partnership Annual Report 2021 / 2022
- Revised Alcohol and Drug Partnership Committee Terms of Reference

2.0 RECOMMENDATIONS

2.1 The Social Work and Social Care Scrutiny Panel is asked to note:

1. the content of this report
2. that this report has been presented to and approved by the Integration Joint Board and
3. this report will be presented to the Alliance Board for partnership approval.

**Kate Rocks
Chief Officer
Inverclyde HSCP**

3.0 BACKGROUND AND CONTEXT

3.1 Changing Lives Report

3.2 Changing Lives¹ is the final report from the Drug Death Task Force and the focus remains on reducing drug deaths and harms with an emphasis on ending stigma, discrimination and punishment and replacing these with care, compassion and human rights.

3.3 The Drug Death Task Force makes 20 recommendations and includes 139 action points, using headings of context, culture, care and coordination.

3.4 It is anticipated that Scottish Government will respond to the report in due course and this will include further direction for Alcohol and Drug Partnerships.

3.5 Inverclyde Alcohol and Drug Partnership is already driving several key recommendations forward including:

- involving people with lived experience and families;
- local leadership and accountability;
- applying a whole system approach;
- ensuring early intervention is available;
- adopting a public health approach in the justice system;
- challenging stigma;
- embedding our local drug death review process and
- improving partnership working.

3.6 Medication Assisted Treatment Standards

3.7 Medication Assisted Treatment Standards consist of ten evidence based measurable standards of care in a national framework. The current focus is for full implementation of Standards 1-5 by April 2023 and partial implementation of 6-10 by that point.

3.8 Public Health Scotland have established a national Medication Assisted Treatment Standards Implementation Team (MIST) who have developed a quality improvement model that all Alcohol and Drug Partnerships have adopted and are using to report progress.

3.9 Public Health Scotland published the first National Benchmarking Report on Implementation of Medication Assisted Treatment Standards² on 23rd June 2022.

3.10 A Supplementary information Report³ was then published by Public Health Scotland on 2nd August 2022.

¹ [Final Report | Drug Deaths Taskforce](#)

² <https://www.publichealthscotland.scot/publications/national-benchmarking-report-on-implementation-of-the-medication-assisted-treatment-mat-standards/national-benchmarking-report-on-implementation-of-the-medication-assisted-treatment-mat-standards/>

³ <https://publichealthscotland.scot/publications/supplementary-information-for-the-national-benchmarking-report-on-implementation-of-the-medication-assisted-treatment-mat-standards/supplementary-information-for-the-national-benchmarking-report-on-implementation-of-the-medication-assisted-treatment-mat-standards-202122/>

- 3.11 Scottish Government outlined funding allocation to support the implementation of Medication Assisted Treatment Standards in a funding letter to's dated 23rd June 2022.
- 3.12 The Minister for Drugs Policy sent a letter of direction on 23rd June, using authority from s52 of the Public Bodies (Joint Working) (Scotland) Act 2014 with regards to local oversight arrangements of implementation of Medication Assisted Treatment Standards.
- 3.13 As outlined in the National Benchmarking Report, Inverclyde RAG status is red for Medication Assisted Treatment standard 1 and 2 and Amber for MAT Standards 3 to 5. This status therefore requires monthly reporting of progress.

Inverclyde Alcohol and Drug Recovery Service has always had capacity for same day assessment appointment and treatment where clinically indicated, however no formal process had been developed. Following the report a process has since been implemented. In addition, non-attendance at first appointment is high, which impacts on the days from initial referral to treatment. There were 23 people started on Opiate Replacement Therapy between Jan – July 2022, with 24 people currently prescribed Buprenorphine.

3.14 **Drug Related Deaths**

- 3.15 The National Records of Scotland published the “Drug Related Deaths in Scotland in 2021”⁴ report on 28th July 2022.
- 3.16 1,330 people sadly lost their lives to a drug related death in 2021 across Scotland. This is 1% lower than 2020, but is still the second highest annual total on record.
- 3.17 Males were 2.4 times as likely to have a drug misuse death as females, but the gap is narrowing.
- 3.18 65% of drug misuse deaths were of people aged between 35-54 years of age.
- 3.19 People in the most deprived areas were over 15 times as likely to die from a drug related death as those in the least deprived. In Inverclyde in 2021 93.8% of all drug related deaths occurred in SIMD Quintile 1 postcodes.
- 3.20 There were 16 people who sadly lost their life to a drug related death in Inverclyde. In 2021 Inverclyde is the Council area that has the largest percentage fall of drug related deaths compared to 2020 with 17 less deaths, a fall of 52%.
- 3.21 In 93% of all drug misuse deaths, more than one drug was found to be present in the body. 84% involved opiates or opioids (such as heroin, morphine and methadone), 69% involved benzodiazepines (such as diazepam and etizolam).

3.22 **Alcohol Specific Deaths**

- 3.23 National Records of Scotland published the Alcohol Specific Deaths 2021⁵ report on 2nd August 2022.
- 3.24 There were sadly 1,245 alcohol specific deaths across Scotland in 2021, an increase of 55 (5) from the previous year.

⁴ <https://www.nrscotland.gov.uk/statistics-and-data/statistics/statistics-by-theme/vital-events/deaths/drug-related-deaths-in-scotland/2021>

⁵ <https://www.nrscotland.gov.uk/files//statistics/alcohol-deaths/2021/alcohol-specific-deaths-21-report.pdf>

- 3.25 Age standardised rate of mortality (deaths per 100,000) is 22.3 in 2021, increasing from a rate of 21.5 in 2020. Most of the increase in deaths has come from male deaths.
- 3.26 Rates are 5.6 times as high in most deprived areas compared to least deprived. This has further increased over the last two years, where the age standardised rate is 45.8 in quintile 1 compared to a rate of 8.2 in quintile 5.
- 3.27 In Inverclyde there were 26 people who sadly died of an alcohol specific death. This was a reduction of 6 (18.75%) from 2020.

Inverclyde ADRS has led on the development of the NHS Greater Glasgow and Clyde Alcohol Recovery Pathway which models the Medication Assisted Treatment Standards for people who present experiencing harm from alcohol.

3.28 **Health Improvement Scotland Proposal**

- 3.29 The Mental Health and Substance Use Pathfinder Programme started in Tayside in January 2021. Using the Scottish Approach to Design Services, they have undertaken the “discovery” and “define” stages and are now progressing towards the “develop” and “deliver” stages.
- 3.30 Scottish Government has commissioned Health Improvement Scotland to expand this programme and Inverclyde Alcohol and Drug Partnerships welcome the opportunity of accessing support available from Health Improvement Scotland for this purpose.
- 3.31 Scottish Government published the Medication Assisted Treatment standards in 2021 and there is an urgency to ensure these are fully implemented at a local level. This pathfinder programme will contribute towards this and will provide strong evidence of this.
- 3.32 It has been agreed at a GG&C level that Health Improvement Scotland will employ the project staff as it was felt this would support the recruitment process. The project staff will be based in Glasgow City, but Inverclyde will have dedicated time.
- 3.33 A Memorandum of Understanding and Project Initiation Document will be prepared and signed off at a GG&C and respective HSCP and Alcohol and Drug Partnership level.
- 3.34 The programme may also align with other priorities including shared care and primary care, supports relating to trauma, challenging stigma as well as early intervention and recovery support.

3.35 **Alcohol and Drug Partnership Funding**

- 3.36 Scottish Government notified Alcohol and Drug Partnerships on 23rd June 2022 of Alcohol and Drug Partnership funding being allocated to each area. The table below details the breakdown of Alcohol and Drug Partnership funding allocation:

Funding Stream	Funding Allocation
Medication Assisted Treatment Standards	£212, 767
Taskforce Response Fund	£78,493
Additional Programme for Government Uplift*	£275,400
Additional National Mission Uplift*	£178,200
Residential Rehabilitation*	£81,000
Whole Family Approach Framework*	£56,700

Lived and living Experience*	£8,100
Total	£890,660
NHS board Baseline Contribution	£921,201

*IA NRAC share of 1.62%

- 3.37 The letter also indicated that there is a significant accumulation of reserves held by Integration Authorities on behalf of Alcohol and Drug Partnerships. These will be netted off against the first allocation for 2022 / 23 in order to avoid any future build up being carried forward into future financial years.
- 3.38 Reserves will be monitored on a twice-yearly through financial returns with the intention of tapering the final allocation to match forecast spend, taking into account any slippage that may arise.
- 3.39 Inverclyde Alcohol and Drug Partnership has investment plans underway utilising reserves. These will be finalised as a matter of urgency.
- 3.40 **Alcohol and Drug Partnership Annual Report 2021 / 2022**
- 3.41 Alcohol and Drug Partnerships are required to submit an Annual Report to Scottish Government. The template is designed to reflect progress on Rights, Respect and Recovery and Alcohol Framework and various questions have been included this year to also reflect on national mission priorities. A copy of the report is included as appendix 1.
- 3.42 The report is separated into key sections including:
- Education and Prevention
 - Treatment and Recovery
 - Getting it Right for children, Young People and Families
 - Public Health Approach to Justice and
 - Financial Framework
- 3.43 The report demonstrates a strengthening of partnership working and collaboration. It is also encouraging that people with lived experience and family members are increasingly involved in the very warp and weft of Alcohol and Drug Partnership developments. We aim to formalise this further over the coming year to ensure the voice of people is central in all aspects Alcohol and Drug Partnerships of activity.
- 3.44 There is also evidence of creating stepping stones to equip people to move on, including volunteering opportunities, peer mentoring and supporting people into employment. Several people have gained employment over the last year, including to peer support / peer navigator type role.
- 3.45 The opening of the Recovery Hub has been very positive and has made recovery more visible in our community. This also links to the steps we have taken in addressing stigma and demonstrating compassion and kindness.
- 3.46 Considerable progress has been made in adopting a public health approach to justice at all stages of the justice journey. We look forward to reporting the impact these steps make in people's lives in future reports.

3.47 Revised Alcohol and Drug Partnership Committee Terms of Reference

- 3.48 It has been necessary to revise the Alcohol and Drug Partnership Committee Terms of Reference, both to reflect national and local changes.
- 3.49 At a national level, due the pandemic, the New Partnership Delivery Framework for Alcohol and Drug Partnerships (2019)⁶ was delayed in being fully embedded. In addition the Medication Assisted Treatment Standards (2021)⁷ and the National Mission on Drug Deaths Plan 2022-2026 (2022)⁸ include additional priorities and reporting.
- 3.50 At a local level it was agreed to appoint an independent chairperson who commenced in 2021.
- 3.51 There are no changes with respect to governance being with the Integration Joint Board. The Scottish Government direction that Alcohol and Drug Partnership funding and functions are to be delegated to Integration Authorities was notified to Alcohol and Drug Partnerships in the Scottish Government Funding Letter (January 2017).

4.0 PROPOSALS

- 4.1 This report provides a condensed summary of Alcohol and Drug Partnerships developments and the Social Work and Social Care Scrutiny Panel is asked to note the update and provide comment.

5.0 IMPLICATIONS

- 5.1 The table below shows whether risks and implications apply if the recommendation(s) is(are) agreed:

SUBJECT	YES	NO	N/A
Financial		✓	
Legal/Risk		✓	
Human Resources		✓	
Strategic (LOIP/Corporate Plan)	✓		
Equalities & Fairer Scotland Duty			✓
Children & Young People's Rights & Wellbeing			✓
Environmental & Sustainability			✓
Data Protection			✓

5.2 Finance

One off Costs

Cost Centre	Budget Heading	Budget Years	Proposed Spend this Report	Virement From	Other Comments
N/A					

⁶ <https://www.gov.scot/publications/partnership-delivery-framework-reduce-use-harm-alcohol-drugs/>

⁷ <https://www.gov.scot/publications/medication-assisted-treatment-mat-standards-scotland-access-choice-support/>

⁸ <https://www.gov.scot/publications/national-drugs-mission-plan-2022-2026/pages/6/>

Annually Recurring Costs/ (Savings)

Cost Centre	Budget Heading	With Effect from	Annual Net Impact	Virement From (If Applicable)	Other Comments
N/A					

5.3 Legal/Risk

There are no legal/risk implications arising from this report

5.4 Human Resources

There are no specific human resources implications arising from this report.

5.5 Strategic

This action is in line with the strategic objective to safeguard, support and meet the needs of Inverclyde's most vulnerable families and residents.

6.0 CONSULTATION

- 6.1 Partners represented on the Inverclyde Alcohol and Drug Partnership Committee have been involved in all aspects highlighted in this update report.

7.0 BACKGROUND PAPERS

- 7.1 Inverclyde Alcohol and Drug Partnership Annual Report – appendix 1



Appendix 1

ALCOHOL AND DRUG PARTNERSHIP ANNUAL REPORTING TO THE SCOTTISH GOVERNMENT 2021/22:

- I. Delivery progress
- II. Financial framework

This form is designed to capture your **progress during the financial year 2021/22** against the of the Rights, Respect and Recovery strategy including the Drug Deaths Task Force emergency response paper and the Alcohol Framework 2018. This will not reflect the totality of your work but will cover those areas which you do not already report progress against through other processes, such as the MAT Standards.

We recognise that each ADP is on a journey of improvement and it is likely that further progress has been made since 2021/22. 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. 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 Reporting 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 **Friday 5 August 2022** to:
alcoholanddrugsupport@gov.scot



NAME OF ADP: Inverclyde ADP

Key contact:

Name: Ann Wardlaw

Job title: ADP Coordinator

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

I. DELIVERY PROGRESS REPORT

1. Education and Prevention

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

Please select 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 | <input checked="" type="checkbox"/> |
| Apps/webchats Slack, Twitter and Youtube | <input checked="" type="checkbox"/> |
| Events/workshops | x <input type="checkbox"/> |
| Please provide details...Stigma Events, Resilience Network | |
| Accessible formats (e.g. in different languages) | <input checked="" type="checkbox"/> |
| Please provide details...This would be available on request. | |
| Other | <input type="checkbox"/> |

1.2 Please provide details of any specific education or prevention campaigns or activities carried out during 2021/22 (E.g. Count 14 / specific communication with people who alcohol / drugs and/or at risk).

Campaign theme	International	National	Local
General Health	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Overdose Awareness	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Seasonal Campaigns	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Mental Health	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Communities	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Criminal Justice	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Youth	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Anti-social behaviour	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Reducing Stigma	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Sexual Health	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Please specify...			



1.3 Please provide details on education and prevention measures/ services/ projects provided during the year 2021/22, specifically around drugs and alcohol (select all that apply).

- | | | |
|-------------------------------------|-------------------------------------|---------------------------|
| Teaching materials | <input checked="" type="checkbox"/> | |
| Youth Worker materials/training | <input checked="" type="checkbox"/> | |
| Promotion of naloxone | <input checked="" type="checkbox"/> | |
| Peer-led interventions | <input checked="" type="checkbox"/> | |
| Stigma reduction | x | <input type="checkbox"/> |
| Counselling services | <input type="checkbox"/> | |
| Information services | <input type="checkbox"/> | |
| Wellbeing services | <input type="checkbox"/> | |
| Youth activities (e.g. sports, art) | <input type="checkbox"/> | |
| Other | <input type="checkbox"/> | Please provide details... |

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

- | | | |
|---|-------------------------------------|---------------------------|
| Formal setting such as schools | <input checked="" type="checkbox"/> | |
| Youth Groups | <input type="checkbox"/> | |
| Community Learning and Development | <input checked="" type="checkbox"/> | |
| Via Community/third Sector partners or services | <input checked="" type="checkbox"/> | |
| Online or by telephone | <input checked="" type="checkbox"/> | |
| Other | <input type="checkbox"/> | Please provide details... |

1.5 Was the ADP represented at the alcohol Licensing Forum?

- | | |
|-----|-------------------------------------|
| Yes | <input checked="" type="checkbox"/> |
| No | <input type="checkbox"/> |

1.6 What proportion of license applications does Public Health review and advise the Board on?

- | | |
|------|-------------------------------------|
| All | <input checked="" type="checkbox"/> |
| Most | <input type="checkbox"/> |
| Some | <input type="checkbox"/> |
| None | <input type="checkbox"/> |

Normally all applications would be reviewed, but as there has been no service manager in post this has not been done in recent months. A service manager will be in post by August 2022 and this role will be resumed.

1.7 If you would like to add any additional details in response to the questions in this section on Education and Prevention, please provide them below (max 600 words).



2. Treatment and Recovery

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

Fibro scanning	<input 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 type="checkbox"/>
Psychosocial counselling	<input checked="" type="checkbox"/>
Other	<input type="checkbox"/> Please provide details...



2.2 Please indicate which of the following approaches services used to involve lived experience / family members (*select all that apply*).

For people with lived experience:

- | | | |
|--------------------------------------|-------------------------------------|--|
| Feedback / complaints process | <input checked="" type="checkbox"/> | |
| Questionnaires / surveys | <input checked="" type="checkbox"/> | |
| Focus groups / panels | <input checked="" type="checkbox"/> | |
| Lived experience group / forum | <input checked="" type="checkbox"/> | |
| Board Representation within services | <input type="checkbox"/> | |
| Board Representation at ADP | <input type="checkbox"/> | |
| Other | <input checked="" type="checkbox"/> | Your Voice facilitates the Your Voice Network - HSCP |

Advisory group and sub group, this ensures that local people's voices are heard. Lived Experience Network was involved in National Care Service review with 15 participants, volunteers with lived experience joined 3 sessions on the focus group pathway to residential rehabilitation. Lived experience member chairs the Recovery development group, LEN attended sessions with the Mist team and completed training on MAT Standards Implementation they will work with service users and families, the feedback will be used as part of Quality Improvement, LEN involved in focus group for the redesign of the homeless service. Lived experience network meet every 6-8 weeks and have actively contributed their lived experience to inform and influence change. Please provide details...

For family members:

- | | | |
|--------------------------------------|-------------------------------------|---------------------------|
| Feedback/ complaints process | <input checked="" type="checkbox"/> | |
| Questionnaires/ surveys | <input checked="" type="checkbox"/> | |
| Focus groups / panels | <input checked="" type="checkbox"/> | |
| Lived experience group/ forum | <input checked="" type="checkbox"/> | |
| Board Representation within services | <input checked="" type="checkbox"/> | |
| Board Representation at ADP | <input type="checkbox"/> | |
| Other | <input type="checkbox"/> | Please provide details... |

2.3 How do you respond to feedback received from people with lived experience, including that of family members? (max 300 words)

ADRS service user's feedback in relation to service delivery were gathered throughout the pandemic using questionnaires and delivery. Feedback from service users was positive at that time.

Family feedback has been sought in various formats, including via questionnaire/survey, focus groups and direct complaints. Feedback has been shared directly to the ADP Coordinator, and then shared with appropriate stakeholders, e.g. presentation at Whole Family Subgroup/MISTQ feedback. I am aware of at least one formal complaint that has been submitted about the ADRS, and that was handled by HSCP staff appropriately, and embracing family inclusive practice. A formal response was provided to the affected parties.

Your Voice facilitates the Your Voice Network - HSCP Advisory group and sub group, this ensures that local people's voices are heard. Lived experience feedback is shared with Your Voice Chief Executive and then fed through the advisory network and ADP.

2.4 Please can you set out the areas of delivery where you had effective arrangements in place to involve people with lived experience?

- | | |
|--|-------------------------------------|
| Planning, I.E. prioritisation and funding decisions | <input checked="" type="checkbox"/> |
| Implementation, I.E. commissioning process, service design | <input checked="" type="checkbox"/> |



Scrutiny, I.E. Monitoring and Evaluation of services

Other



Please provide details...

Please give details of any challenges (max 300 words)

Inverclyde recovery community - via LEN is involved in the new service redesign of Inverclyde homeless service, woman with lived experience of the criminal justice system are involved in the women's project, lived experience also link in with new service - Early help in police custody. It can be challenging ensuring people are well supported and equipped to participate as equal partners in the various meetings and do not feel under pressure by too many demands of their time.

DRAFT



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

- a) Yes ☒
No ☐

b) If yes, please select all that apply:

- Peer support / mentoring ☒
Community / Recovery cafes ☒
Naloxone distribution ☒
Psychosocial counselling ☐
Job Skills support ☒
Other ☐

: Peer Mentoring to recovery volunteers who will use their lived experience to help others recover, x

4 new Jobs were created to support people in x 2 recovery cafés, Inverclyde recovery community distributes Naloxone to people and x1 lived experience volunteers with ADP Naloxone worker assists with training sessions, Inverclyde recovery community offers training to volunteers to upskill their knowledge, some include Scottish Recovery Consortium - Asset Based Community Development training / Recovery coaching, Scotland Peer Mentoring / Trauma informed training. X4 volunteers gained employment within Your Voice another x 1 volunteers gained employment within Inverclyde Early Help in Police Custody, Inverclyde Recovery community hub, distributes Naloxone Kits.

2.6 Which of these settings offered the following to the public during 2021/22? (select 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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Homelessness services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Peer-led initiatives	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community pharmacies	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Justice services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Mobile / outreach services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other ... (please detail)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



2.7 What protocols are in place to support people with co-occurring drug use and mental health difficulties to receive mental health care? (max 300 words)

Adult Mental Health and Addiction Service Shared Guidance and Specification for Interface Working NHSGG&C document. The service comprises of mental health nurse and psychiatrists, addiction liaison nurses and comorbidity caseloads/clinics. Direct linkage back into Primary Care for GP support when appropriate.

Is mental health support routinely available for people who use drugs or alcohol but do not have a dual diagnosis (e.g. mood disorders)?

Yes

☒

No

☐

Please provide details (max 300 words) Individuals who use drug and alcohol have the same access to mental health services as the rest of the wider population i.e. primary care mental health, or other community support. Mental health nurses and psychiatrist assessment/support available in the ADRS service. Individuals can self-refer to Primary Care Mental Health Team, be referred for secondary care mental health intervention and/or utilise community partners providing more upstream mental health and wellbeing supports.

2.8 Please describe your local arrangements with mental health services to enable support for people with co-occurring drug use and mental health (max 300 words)

Adult Mental Health and Addiction Service Shared Guidance and Specification for Interface Working NHSGG&C document to support transition between services. A team leads forum has been established between ADRS and mental health services to improve partnership working and to further develop pathways and procedures between the services. Joint assessment and joint key working of cases between both services, support from multidisciplinary team discussions.

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

Yes

☒

No

☐

2.10 Please provide a short description of the recovery communities in your area during the year 2021/22 and how they have been supported (max 300 words)

Inverclyde Recovery Community is a new project which opened in November 2021, it is a safe place for people with mental health problems and people affected by alcohol/drugs use, and others affected by these issues. The Project is open 7 days per week and we facilitate groups, recovery meetings, invite recovered people from AA, NA, CA along to share their stories and give hope to others, it offers people affected by these issues a safe space in which they can recover, speak with lived experience workers and join groups /recovery meetings, or become involved in the recovery cafes in the community, ADP supported the development of the recovery community and offers partners a place to hold recovery initiatives. We build confidence in people which improves their wellbeing, the activities on offer includes, an arts and crafts group which is facilitated by a family member, there are x 3 recovery cafés in x 2 HSCP areas – Inverclyde recovery Café – Friday evening 5pm-8pm – Tuesday Afternoon Greenock – 12.30pm-3.30pm – Port Glasgow Recovery Café- 2pm-4pm, these are social hub cafés where people can meet and socialise and make friendships and connections to other recovery services in Inverclyde. The



challenges of the recovery hub is that there is not enough space for all of the recovery initiatives we hope to include over 7 days and evenings, there are weekend drop in on Saturday and Sunday where people engage in Bingo, Quizzes, Board Games, recovery shares, RDC put a suggestion box on the wall for people using the recovery hub to put their suggestions /complaints and feedback was that they can't get using their hub because another group is on at the same time. They would also like more recovery groups. There is a women's group and a men's group this helps to improve relationships, builds confidence, and improves self-esteem

2.11 What proportion of services have adopted a trauma-informed approach during 2021/22?

- All services ☒
- The majority of services ☐
- Some services ☐
- No services ☐

Please provide a summary of progress (max 300 words)

All NHSGG&C service have adopted a trauma- informed approach. ADRS is currently working through a training plan to ensure all staff training is up to date. ADRS management have further invested in this through HSCP development in Scottish Trauma Informed Leaders Training. Additional assertive outreach by the addiction liaison nurses has been possible which has supported people to remain in treatment when finding this difficult and supporting people having difficulty initially engaging with services into treatment through primary care, during admission into hospital or from ADRS and wider partners. NHS GGC 5 year adult mental health strategy has recovery oriented and trauma aware services as a key deliverable. This includes working on the cultural change required to ensure care delivery is trauma sensitive and psychologically informed. Mental Health Services management is further invested in this through HSCP developments with Scottish Trauma Informed Leaders Training (STILT). Inverclyde recovery community has been trained in Trauma informed practice, this was delivered by recovery coaching Scotland, Recovery development worker has completed further trauma informed training – will complete STILT Trauma training August. Services have adopted plans to use a trauma informed approach and training continues to be rolled out. However, we recognise that ensuring plans are implemented and having evidence from people using services and families are at an early stage. This relates directly to MAT 10 and a trauma informed approach is a golden thread that runs through all of the MAT standards. As such our MAT Improvement Plan will include this, as well as capturing experiential feedback.

2.12 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 ☐
- Alcohol death audits (work being supported by AFS) ☒
- Drug death review group ☒
- Drug trend monitoring group / Early Warning System ☐ There is a drug trend monitoring group across GG&C, however, this group did not meet during this period due to the responsible officer being off.
- Other ☒ We had the support of Public Health to lead on a PAG process following a cluster of drug deaths, this was a very helpful process.

2.13 Please provide a summary of arrangements that 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)

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 that 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. In addition, GG&C were able to undertake a sample audit from each ADP in relation to alcohol specific deaths. This is an area that Inverclyde ADP intend to develop further over the coming year.

2.14 Please provide a summary of arrangements which are in place to carry out reviews on drug related deaths, how lessons learned are built into practice, and if there is any oversight of these reviews from Chief Officers for Public Protection. (max 300 words)

An ADP Drug Death Review Group has been established which reviews all individual deaths and takes 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.

2.15 If you would like to add any additional details in response to the questions in this section on Treatment and Recovery, please provide them below (max 300 words).

Inverclyde recovery community is making changes to people's lives, helping to reduce drug related deaths. We are making recovery visible within Inverclyde raising awareness that recovery does happen, with the full backing of ADP there has been successes with people using drugs/ alcohol. To stop or moderate, reports gathered via Elemental system have provide the following evidence.

We work with 141 people who have received person centred peer support, have introduced them to recovery initiatives, recovery meetings which include, a recovery meeting in the hub which is a structured meeting and is for everyone who is still on their methadone script, who gave feedback that they wanted to recover, but felt they could not as they were still receiving medication and did not feel clean in CA-NA meetings.

We motivate people to change in a positive way, using the **chime** model, people have a good connection to all staff they are given and receive hope when they meet others who have been through the same issues they can get a real sense of Identity and purpose in their lives, which helps them overcome stigma and give meaning in their lives, we empower them to take control over their lives, taking responsibility, looking at their strengths and showing them they matter.

Inverclyde recovery community sign posts on to other services, for people to get the right support at the right time.



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

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

- a) Yes ☒
No ☐

b) If yes, please select all that apply below:

Setting:	0-5	6-12	12-16	16+
Community pharmacies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diversionary Activities	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Third Sector services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Family support services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Mental health services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
ORT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recovery Communities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Justice services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Mobile / outreach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Please provide details...				

3.2 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?

- a) Yes ☒
No ☐

b) If yes, please select all that apply below:

Setting:	0-5	6-12	12-16	16+
Support/discussion groups	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Diversionary Activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School outreach	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Carer support	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family support services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Mental health services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Information services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Mobile / outreach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Please provide details...				



3.3 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 Whole Family Group. Parental substance misuse is a standing item within the CPC and as such, features in each sub-group report within the CPC annual report and business plan. An agreed priority is to undertake an audit to target support and understand how the whole family framework is being implemented in practice.

3.4 How did services for children and young people, with alcohol and/or drugs problems, change in the 2021/22 financial year?

Improved ☒
Stayed the same ☐
Scaled back ☐
No longer in place ☐

3.5 How did services for children and young people, affected by alcohol and/or drug problems of a parent / carer or other adult, change in the 2021/22 financial year?

Improved ☒
Stayed the same ☐
Scaled back ☐
No longer in place ☐

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

a) Yes ☒
No ☐

b) If yes, please select all that apply below:

Signposting ☒
One to One support ☒
Support groups ☒
Counselling ☒
Commissioned services ☒
Naloxone Training ☒
Other ☒

Additionally, Scottish Families were able to offer a community event, a theatre workshop, 'This Fierce Love'. The ADP during August 2021 were able to offer a Remembrance Evening for families affected by Bereavement.



3.7 How did services for adult family members change in the 2021/22 financial year?

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

3.8 The Whole Family Approach/Family Inclusive Framework sets out our expectations for ADPs in relation to family support. Have you carried out a recent audit of your existing family provision?

a) If yes, please answer the following:

Last year SG provided an additional £3.5m to support the implementation of the framework. Please provide a breakdown and a narrative of how this was used in your area. (max 300 words)

Inverclyde ADP has commissioned SFAD to provide a family support service. SFAD have engaged with families both to complete a survey as part of experiential evidence to MIST but also to feedback to the Whole Family Group of their experiences.

SFAD are currently involving families to inform a more in-depth audit over this coming year.

Please detail any additional information on your progress in implementing the framework in 2020/21 (max 300 words)

Scottish Families Inverclyde Family Support Service, established in November 2020, continued to build on our existing support for adults affected by someone else's alcohol & drug use. In 2021/22, we accepted 67 new referrals to the service, and maintained a peak active caseload of 88 family members. During 2021/22 we delivered 845 one to one sessions to family members. We launched our in-person 'Family & Friends Support Group' in September 2021, which runs weekly. This is a drop-in group, open to the public, with a rotating pool of attendees of 25 affected family members. A WhatsApp support chat runs alongside this, and offers family members the opportunity for peer support at other times.

b) If no, when do you plan to do this?

3.9 Did the ADP area provide any of the following adult services to support family-inclusive practice? (select 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 checked="" type="checkbox"/>	<input checked="" 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	<input type="checkbox"/>	<input type="checkbox"/>
Please provide details...		

4. A Public Health Approach to Justice



4.1 If you have a prison in your area, were satisfactory arrangements in place, and executed properly, to ensure ALL prisoners who are identified as at risk were provided with naloxone on liberation?

Yes ☒

No ☐

No prison in ADP area ☐

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

Processes are in place to promote Naloxone training to patients with an identified substance misuse issue at HMP Greenock. From admission, patients are identified and recorded on a spreadsheet and offered training. SPS run an induction for all new admissions and these are scheduled for a Monday at HMP Greenock. Addictions staff attend these and deliver Naloxone training in a group setting.

Every opportunity is taken to deliver training, including on an ad hoc basis, for example, where a patient is only admitted for a few days. All training and refusals to participate in this are recorded in patient notes. There was less uptake of training during covid-19 as at points there were a reduced number of transfers between establishments and very few admissions.

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

Information sharing ☒

Providing advice/ guidance ☒

Coordinating activities ☒

Joint funding of activities ☒

Access is available to non-fatal overdose pathways upon release ☒

Other ☒ DDTF Early help in police custody test of change.

4.3 Has the ADP contributed toward community justice strategic plans (e.g. diversion from justice) in the following ways? *(select all that apply)*

Information sharing ☒

Providing advice/ guidance ☒

Coordinating activities ☒

Joint funding of activities ☒

Other ☐ Please provide details

4.4 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.

a) Upon arrest (please select all that apply)

Please provide details on what was in place and how well this was executed.....

Diversion From Prosecution ☒

Exercise and fitness activities ☐

Peer workers ☐

Community workers ☐

Other ☐ Please provide details...



b) Upon release from prison (please select all that apply)

Please provide details on what was in place and how well this was executed.....

- | | |
|---------------------------------|--|
| Diversion From Prosecution | <input checked="" type="checkbox"/> |
| Exercise and fitness activities | <input type="checkbox"/> |
| Peer workers | <input checked="" type="checkbox"/> |
| Community workers | <input type="checkbox"/> |
| Naloxone | <input checked="" type="checkbox"/> |
| Other | <input type="checkbox"/> Please provide details... |

4.5 If you would like to add any additional details in response to the questions in this section on Public Health Approach to Justice, please provide them below (max 300 words).

Inverclyde Alcohol and drug partnership and Community justice Partnership work closely together on a number of strategic and implementation of tests of change. For example:

- Progressing the early help in police custody test of change with representation on the Steering Group.
- Police Scotland lead on twice-weekly huddle meetings that include key HSCP and Council services with the purpose of sharing information that people may access support.
- The implementation stage of the early action system change in respect of women involved in the justice system project.
- The launch and embedding of the Resilience Network. This was critical in ensuring people were able to access the right support quickly during the various stages of the pandemic. It has also been the main vehicle for coordinating events and training on challenging stigma. The impact the Resilience Network has made was recognised in achieving the Patient and Care Runner Up Award at the International Conference on Integrated Care 2022.
- Actively promoting employability opportunities for people.
- Implementing structured deferred sentences.
- Further enhancing the offer of voluntary throughcare, including from Justice Services and in supporting Inverclyde Faith in Throughcare.
- The ADP supports diversion, CPO's where alcohol and drugs is an issue as well as DTTO's.
- Inverclyde ADP supports the prison to residential rehabilitation pathway.



II. FINANCIAL FRAMEWORK 2021/22 (Should be completed by Chief Financial Officer)

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
National Mission Funding	81,500
Additional funding from Integration Authority - ADP	24,200
Funding from Local Authority	1,232,558
Funding from NHS Board – core ADRS budget	664,047
Additional funding from Integration Authority - CORRA match funding	33,965
Total funding from other sources not detailed above – Justice services funding	56,573
Drug Death Taskforce	78,493
Residential Rehabilitation	81,537
Whole Family Approach	57,100
Lived and Living Experience	8,200
Assertive Outreach	48,900
Non fatal overdose pathway	48,900
MIST	97,800
Funding from CORRA	87,135
Carry forwards	
Drug Death Taskforce	78,500
Reducing drug deaths	81,400
Total	3,895,638

B) Total Expenditure from all sources

	£
Prevention including educational inputs, licensing objectives, Alcohol Brief Interventions)	110,158
Community based treatment and recovery services for adults	2,810,636
Inpatient detox services	-
Residential rehabilitation (including placements, pathways and referrals)	7,531
Need to include ADP funded placements	
Recovery community initiatives	36,000
Advocacy services*	-
Services for families affected by alcohol and drug use (whole family Approach Framework)	92,270



Alcohol and drug services specifically for children and young people	57,610
Drug and Alcohol treatment and support in Primary Care**	-
Outreach	195,662
Community treatment and support services specifically for people in the justice system	56,573
Total	3,366,440
Transfers to EMR at year end;	
Reducing Drug Deaths	76,200
Drug Death Task Force	45,500
National Mission	79,287
Residential Rehab	77,337
Whole Family Approach	47,076
Near Fatal Overdose Pathway	48,922
Expansion of Assertive Outreach	48,922
Lived and Living Experience forum	8,154
<i>MIST funding (MAT standards)</i>	97,800
Total	529,198
Overall Total exp and Reserves (excl Prog from Govt)	3,895,638

*Inverclyde HSCP commission Inverclyde Advocacy Service

**These costs include in ADRS funding from partners

*** excludes Programme for Government per financial framework guidance above

Additional finance comments

ADP funding is complex and there are several caveats including:

- Some aspects where we receive funding from Scottish Government that have more recently been announced; we had already incorporated into contracts with services. An example being Whole Family Approach.
- As part of our Residential Rehabilitation Pathway, we have agreed to commit match funding for residential rehabilitation and as such, this is set aside in our investment plan.
- We are in the process of developing a proposal for a recovery building, with the intention of seeking approval for capital funding when we are at the stage of project costings. This will also be included in our investment plan.

- We are still in the process of negotiating with Scottish Government and MIST about MIST funding going forward and again, have set funding aside as part of investment planning dependent on the final decision.
- We have set aside funding as part of our investment plan to help us develop a new ADP website.
- We are in the process of developing a proposal for a recovery building and have set funding aside for this purpose as part of our investment plan.
- We intend to re-advertise the ADP Support Officer post and is included in our investment plan.