Report To:	Inverclyde Integration Joint Board	Date:	23 June 2025
Report By:	Kate Rocks Chief Officer Inverclyde HSCP	Report No:	IJB/81/2025/KP
Contact Officer:	Katrina Phillips Head of Mental Health Inverclyde HSCP	Contact No:	01475 715365
Subject:	Scottish Government Alcohol Drug Partnership Annual Reporting Survey 2024-2025		

1.0 PURPOSE AND SUMMARY

1.1 ☐For Decision   ☒For Information/Noting

1.2 The purpose of this report is to present to the Inverclyde Integrated Joint Board the proposed Inverclyde Alcohol & Drug Partnership submission of the Scottish Government Alcohol Drug Partnership Annual Reporting Survey 2024-2025. The Inverclyde submission is appended (Appendix 1).

1.3 This survey is designed to collect information from all Alcohol & Drug Partnerships across Scotland on a range of aspects relating to the delivery of the National Mission to reduce drug deaths and improve lives, as well activities relating to alcohol during the financial year 2024/25.

1.4 It is a requirement by the Scottish Government for confirmation of sign-off by both the local Alcohol & Drug Partnership and Integrated Joint Board in advance of submission by 13 June 2025. Inverclyde Alcohol & Drug Partnership Committee approved the document on 19 May 2025. A draft version was submitted to the Scottish Government on 13 June 2025 with an explanation of the Inverclyde Integrated Joint Board committee timetable.

1.5 Recognising the links between the Alcohol & Drug Partnership and community planning locally, the Scottish Government have also been notified that the Annual Reporting Survey will be submitted to the Inverclyde Alliance Board for their endorsement.

2.0 RECOMMENDATIONS

2.1 It is recommended that the Inverclyde Integrated Joint Board notes the appended Inverclyde Alcohol Drug Partnership submission of the Scottish Government Alcohol Drug Partnership Annual Reporting Survey 2024-2025.

2.2 It is recommended that the Inverclyde Integrated Joint Board notes the intention of the Inverclyde Alcohol & Drug Partnership to remit the Scottish Government Alcohol Drug Partnership Annual Reporting Survey 2024-2025 to the Inverclyde Alliance Board.

Kate Rocks
Chief Officer
Inverclyde Health and Social Care Partnership

3.0   BACKGROUND AND CONTEXT

ALCOHOL & DRUG PARTNERSHIPS

3.1   Alcohol Drug Partnerships were established in 2009 and broadly responsible for:

- Developing strategies for tackling, reducing, and preventing problem or harmful drug and alcohol use across the whole population.
- Applying a whole systems approach to deliver sustainable change for the health and wellbeing of the population.

3.2   In 2019 a new partnership delivery framework to support the work of Alcohol & Drug Partnerships was published by Scottish Government to strengthen the existing partnerships between health boards, local authorities, police and third sector agencies. This, along with the national strategies, Rights, Respect and Recovery and the Alcohol Framework refresh, and local strategies such as the Inverclyde Partnership Plan and Inverclyde HSCP Strategic Partnership Plan underpins the work of the Alcohol & Drug Partnership to reduce alcohol and drug related harms.

3.3   Collectively, the Scottish Government has committed £112.9M to Alcohol & Drug Partnerships across Scotland in 2024/25. This funding supports both Ministerial priorities and programme for government priorities. This financial commitment assists delivery of activities for specific programmes including Medication-Assisted Treatment Standards (also known as MAT Standards), residential rehabilitation, whole family approach/family inclusive practice and lived and living experience participation.

ALCOHOL & DRUG PARTNERSHIP ANNUAL REPORTING SURVEY 2024/25

3.4   Each Alcohol & Drug Partnership is required to submit an 'Annual Reporting Survey' to the Scottish Government according to a template provided by them. The submission date for the 2024/25 Annual Reporting Survey is 13 June 2025 and requires approval by the local Alcohol & Drug Partnership and local Integrated Joint Board.

3.5   Noting both the submission deadline of the Annual Reporting Survey and the meeting date of the Inverclyde Integrated Joint Board Committee, the Scottish Government has been provided with a draft submission pending approval from the Inverclyde Integrated Joint Board.

3.6   The Inverclyde Alcohol & Drug Partnership proposed submission has been supported by several partnership subgroups and officers across the Alcohol & Drug Partnership membership. A proposed draft version was presented, minor changes proposed and subsequently approved by the Inverclyde Alcohol & Drug Partnership Committee at its meeting on 19 May 2025. This finalised draft is presented to the Inverclyde Integrated Joint Board.

3.7   It should be noted that the Annual Reporting Survey does not require the submission of numerical information that can provide additional context to the themed areas in the Annual Reporting Survey. To assist the Inverclyde Integration Joint Board, Inverclyde Alcohol & Drug Partnership membership includes a range of statutory and third sector providers supporting individuals and communities across Inverclyde. Estimations for the period 2024/25 suggests that approximately 3-5000 individuals and families across are supported across Inverclyde ranging from prevention activities through to treatment and recovery services.

3.8   Alcohol & Drug Partnership Annual Reporting Surveys are considered public documents and are generally expected to be held online for viewing by the public. Once approved, this will be published on the Inverclyde Alcohol & Drug Partnership website to comply with this requirement.

3.9 Inverclyde Alcohol & Drug Partnership recognises that the Annual Reporting Survey focuses on Scottish Government priorities and therefore opportunities to highlight progress of local work is limited due to the questions asked and somewhat limited opportunities to provide additional comment. In line with previous years, a more localised annual report is being prepared which highlights progress against the Inverclyde Alcohol & Drug Partnership Strategy 2024-2029.

4.0 PROPOSALS

4.1 The Inverclyde submission of the Scottish Government Alcohol & Drug Partnership Annual Reporting Survey is attached at appendix 1. The Inverclyde Integrated Joint Board is asked to note the content and approve the Alcohol & Drug Partnership Annual Reporting Survey for submission to the Scottish Government.

4.2 Recognising the breadth of the Inverclyde Alcohol & Drug Partnership membership, the partnership activities and strong partnership working across Inverclyde, it is recommended that the annual report be remitted to the Inverclyde Alliance Board. The next scheduled Inverclyde Alliance Board meeting following the Inverclyde Integrated Joint Board is 6 October 2025.

4.3 As requested by the Inverclyde Integration Joint Board Chair, a development session outlining Inverclyde Alcohol & Drug Partnership activity, its membership and key activities across the membership is scheduled to be held. This development session being progressed by the Head of Service (Addictions and Homelessness) should provide the Inverclyde Integrated Joint Board with the opportunity to understand the both the national priorities as set out by the Scottish Government and the local activity as outlined in the Inverclyde Alcohol & Drug Partnership 2024-2029 Strategy Document.

5.0 IMPLICATIONS

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

SUBJECT	YES	NO
Financial		X
Legal/Risk	X	
Human Resources		X
Strategic Plan Priorities	X	
Equalities, Fairer Scotland Duty & Children and Young People	X	
Clinical or Care Governance		X
National Wellbeing Outcomes	X	
Environmental & Sustainability		X
Data Protection		X

5.2 **Finance**

One off Costs

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

Annually Recurring Costs/ (Savings)

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

5.3 **Legal/Risk**

By submitting this Annual Reporting Survey, Inverclyde Alcohol & Drug Partnership meets the requirements set out by the Scottish Government.

5.4 **Human Resources**

There are no Human Resource implications arising from this report.

5.5 **Strategic Plan Priorities**

The appended Annual Reporting Survey responds to Scottish Government Ministerial priorities and programme for government priorities. However, activities outlined supports the HSCP Strategic Plan key vision and strategic plan priorities specifically the priorities around providing early help and intervention, improving support for mental health, wellbeing and recovery and supporting inclusive, safe and resilient communities.

5.6 **Equalities**

While people experiencing harm from alcohol and/or drug use are not explicitly listed with the Equality Act, the Inverclyde HSCP has an equality outcome that 'Inverclyde's most vulnerable and often excluded people are supported to be active and respected members of their community'. Activities outlined with the annual survey report reflect this Equality Outcome and helps contribute to the overall mainstreaming of equality practise locally.

(a) Equalities

This report has been considered under the Corporate Equalities Impact Assessment (EqIA) process with the following outcome:

	YES – Assessed as relevant and an EqIA is required.
X	NO – This report does not introduce a new policy, function or strategy or recommend a substantive change to an existing policy, function or strategy. Therefore, assessed as not relevant and no EqIA is required. Provide any other relevant reasons why an EqIA is not necessary/screening statement.

(b) <u>Equality Outcomes</u>

How does this report address our Equality Outcomes?

Equalities Outcome	Implications
We have improved our knowledge of the local population who identify as belonging to protected groups and have a better understanding of the challenges they face.	Our work across the Partnerships understands the needs of those affected by substance use and supports those individuals into treatment or recovery services.
Children and Young People who are at risk due to local inequalities, are identified early and supported to achieve positive health outcomes.	The ADP provides funding for 2x FTE school based workers in partnership with Inverclyde HSCP Health Improvement and Inverclyde Council Inclusive Communities.
Inverclyde's most vulnerable and often excluded people are supported to be active and respected members of their community.	Inverclyde ADP recognises the additional vulnerability of individuals and their families affected by substance use.
People that are New to Scotland, through resettlement or asylum, who make Inverclyde their home, feel welcomed, are safe, and able to access the HSCP services they may need.	Services are available for those in our resettled community who require them.

(c) <u>Fairer Scotland Duty</u>

If this report affects or proposes any major strategic decision:-

Has there been active consideration of how this report's recommendations reduce inequalities of outcome?

	YES – A written statement showing how this report's recommendations reduce inequalities of outcome caused by socio-economic disadvantage has been completed.
X	NO – Assessed as not relevant under the Fairer Scotland Duty for the following reasons: Provide reasons why the report has been assessed as not relevant.

(d) **Children and Young People**

Has a Children's Rights and Wellbeing Impact Assessment been carried out?

	YES – Assessed as relevant and a CRWIA is required.
X	NO – Assessed as not relevant as this report does not involve a new policy, function or strategy or recommends a substantive change to an existing policy, function or strategy which will have an impact on children's rights.

5.7 **Clinical or Care Governance**

There are no clinical or care governance issues within this report.

5.8 **National Wellbeing Outcomes**

How does this report support delivery of the National Wellbeing Outcomes?

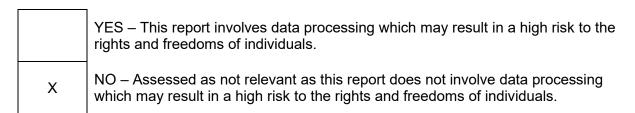| National Wellbeing Outcome	Implications
People are able to look after and improve their own health and wellbeing and live in good health for longer.	The report outlines how ADP activities support treatment options and recovery.
People, including those with disabilities or long term conditions or who are frail are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community	Services locally will respond to the housing needs of individuals where they may be experiencing drug and alcohol treatment use.
People who use health and social care services have positive experiences of those services, and have their dignity respected.	Evidence based standards to enable the consistent delivery of safe, accessible, high-quality drug and alcohol treatment across Inverclyde. These are relevant to people and families accessing or in need of services, and health and social care staff responsible for delivery of recovery-oriented systems of care.
Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	Evidence based standards to enable the consistent delivery of safe, accessible, high-quality drug and alcohol treatment across Inverclyde. These are relevant to people and families accessing or in need of services, and health and social care staff responsible for delivery of recovery-oriented systems of care.
Health and social care services contribute to reducing health inequalities.	Evidence based standards to enable the consistent delivery of safe, accessible, high-quality drug and alcohol treatment across Inverclyde. These are relevant to people and families accessing or in need of services, and health and social care staff responsible for delivery of recovery-oriented systems of care.
People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and wellbeing.	Inverclyde Alcohol & Drug Partnership supports workstreams for people affected by other substance use.
People using health and social care services are safe from harm.	Evidence based standards to enable the consistent delivery of safe, accessible, high-quality drug and alcohol treatment across Inverclyde. These are relevant to people and families accessing or in need of services, and health and social care staff responsible for delivery of recovery-oriented systems of care.
People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.	Inverclyde Alcohol & Drug Partnership recognises the value of the workforce both in statutory and third sector settings. Work undertaken during the reporting period (2024/25) included a Training Needs Analysis to support those staff teams.

Resources are used effectively in the provision of health and social care services.	Evidence based standards to enable the consistent delivery of safe, accessible, high-quality drug and alcohol treatment across Inverclyde. These are relevant to people and families accessing or in need of services, and health and social care staff responsible for delivery of recovery-oriented systems of care.

5.9 Environmental/Sustainability

There are no environmental / climate change impacts which relate to this report.

Has a Strategic Environmental Assessment been carried out?

	YES – assessed as relevant and a Strategic Environmental Assessment is required.
X	NO – This report does not propose or seek approval for a plan, policy, programme, strategy or document which is like to have significant environmental effects, if implemented.

5.10 Data Protection

Has a Data Protection Impact Assessment been carried out?

	YES – This report involves data processing which may result in a high risk to the rights and freedoms of individuals.
X	NO – Assessed as not relevant as this report does not involve data processing which may result in a high risk to the rights and freedoms of individuals.

6.0 DIRECTIONS

6.1

Direction Required to Council, Health Board or Both	Direction to:	
	1. No Direction Required	x
	2. Inverclyde Council	
	3. NHS Greater Glasgow & Clyde (GG&C)	
	4. Inverclyde Council and NHS GG&C	

7.0 CONSULTATION

7.1 This appended report was completed with support from Alcohol & Drug Partnership subgroups and officers across the membership. The appended document was also approved by the Inverclyde Alcohol & Drug Partnership Committee at its meeting on 19 May 2025.

8.0 BACKGROUND PAPERS

8.1 Scottish Government Alcohol Drug Partnership Annual Reporting Survey 2024-25 (attached).

8.2 Inverclyde ADP Strategy 2024-2029 (IJB/75/2025/MW)- Inverclyde Integration Joint Board (12 May 2025).

Scottish Government
Riaghaltas na h-Alba

Alcohol and Drug Partnership (ADP) Annual Reporting Survey: 2024/25

This survey is designed to collect information from all ADPs across Scotland on a range of aspects relating to the delivery of the National Mission to reduce drug deaths and improve lives, as well as activities relating to alcohol **during the financial year 2024/25**. This will not reflect the totality of your work but will cover areas where you do not already report progress nationally through other means.

The survey is composed of single option and multiple-choice questions with a limited number of open text questions. We want to emphasise that the multiple-choice options provided are for ease of completion and it is not expected that every ADP will have all of these in place.

This survey includes questions from across drug and alcohol policy areas. It has been designed to collate as many asks as possible from Scottish Government to minimise requests throughout the year. There is a combination of established questions which enable comparison year on year and new questions that reflect current and anticipated future data needs.

We do not expect you to go out to services to respond to questions relating to activities undertaken by them in your area. Where questions refer to service level activities, we are interested in the extent to which you are aware of these as ADP.

The data collected will be used to better understand progress at a local level and will inform:

- National monitoring of the National Mission to reduce drug deaths and improve lives;
- The work of the ongoing evaluation of the Nation Mission, including the economic evaluation;
- The work of advisory groups including those supporting the programmes around Whole Family Approach, surveillance, and residential rehabilitation among others;
- The work of national organisations which support local delivery; and
- Future policy planning around drugs and alcohol.

Findings will be published as Official Statistics in the autumn. The publication reporting on the 2023/24 ADP survey is available on the Scottish Government website. We plan to publish data from closed answer (quantitative) questions at an ADP level to enable best use of the survey data and ensure transparency. Data from closed answer (qualitative) questions will be shared with Public Health Scotland and their commissioned research teams to inform drug and alcohol policy monitoring and evaluation, where excerpts and/or summary data may be used in published reports, and will be subject to FOI requests. You may still wish to publish your return, as in previous years.

The deadline for returns is Friday 13th June 2025. Your submission should be signed off by the ADP and the IJB. We are aware that there is variation in the timings of IJB meetings, so if sign off is not possible by the date of submission, please indicate this when you provide your return and advise an expected sign off date if possible.

If you require clarification on any areas of the survey or would like any more information, please do not hesitate to get in touch by email at substanceuseanalyticalteam@gov.scot.

Cross-cutting priority: Surveillance and Data Informed

Question 1

Which Alcohol and Drug Partnership (ADP) do you represent? Mark with an 'x'.
[single option]

    Aberdeen City ADP

    Aberdeenshire ADP

    Angus ADP

    Argyll & Bute ADP

    Borders ADP

    City of Edinburgh ADP

    Clackmannanshire & Stirling ADP

    Dumfries & Galloway ADP

    Dundee City ADP

    East Ayrshire ADP

    East Dunbartonshire ADP

    East Renfrewshire ADP

    Falkirk ADP

    Fife ADP

    Glasgow City ADP

    Highland ADP

X Inverclyde ADP

    Lothian MELDAP ADP

    Moray ADP

    North Ayrshire ADP

    North Lanarkshire ADP

    Orkney ADP

    Perth & Kinross ADP

    Renfrewshire ADP

    Shetland ADP

    South Ayrshire ADP

    South Lanarkshire ADP

    West Dunbartonshire ADP

    West Lothian ADP

    Western Isles ADP

Cross-cutting priority: Surveillance and Data Informed

Question 2

Which groups or structures were in place at an ADP level to inform surveillance and monitoring of alcohol and drug harms or deaths? Mark all that apply with an 'x' – if drug and alcohol deaths are reviewed at a combined group, please select both 'Alcohol death review group' and 'Drug death review group'.
[multiple choice]

      Alcohol death review group

      Alcohol harms group

   X Drug death review group

   X Drug trend monitoring group/Early Warning System

      None

      Other (please specify):

Question 3

3a. Do Chief Officers for Public Protection receive feedback from drug death reviews? Mark with an 'x'.
[single option]

   X Yes

      No

      Don't know

3b. If no, please provide details on why this is not the case.
[open text – maximum 500 characters]

Question 4

Please list what local and national structures are in place in your ADP area for the monitoring and surveillance of alcohol and drug harms and deaths. Please describe how these have been used to inform local decision making in response to emerging threats (e.g. novel synthetics) in the past year. [open text – maximum 2,000 characters]

Locally, there is an Inverclyde Incident Review Group (IRG) chaired by the Head of Service for Addiction Services and Homelessness and Head of Service for Mental Health. This group has representation from a range of services including Alcohol and Drug Services, Mental Health, consultant psychiatrists, psychology leads, Occupational Therapy lead and the Clinical Director. Any severe adverse clinical incidents, all deaths and any other governance issues are discussed and reviewed. ADP representation attend when relevant though predominantly this is through the Head of Service.

At health board level NHSGGC Drug Trend Monitoring Group circulates intelligence gathering via Public Health Scotland RADAR drugs early warning system – warnings and data briefings are circulated round ADRS and wider partners to cascade

> information to individuals at risk. During the reporting period a revised distribution list was concluded to ensure all relevant partners are updated.
>
> Local Drug Death Review Group - multiagency meeting that reviews all drug related deaths to gain learning for future service developments/care & treatment.
>
> GGC SAER meeting - provides board wide governance for ADRS severe adverse clinical incidents (deaths) that progress to investigation. Learning is shared from investigations which contributes to board wide service improvement/delivery, policy and standard operation procedures.

Question 5

5a. Have you made specific revisions to any protocols in the past year in response to emerging threats (e.g. novel synthetics, trends in cocaine, new street benzos, etc.) ? Mark with an 'x'.
[single option]

    X Yes

      No

5b. Please provide details of any revisions
[open text – maximum 500 characters]

> An exercise was undertaken to review the local key contacts regarding the dissemination of any RADAR alerts locally. This also considered the relevant partners to contact when a RADAR alert is notified. Inverclyde ADP follows NHSGGC protocols in relation to emerging drug trends. Any actions are agreed, implemented and logged. This may include continued monitoring, further investigation, raising awareness within various staff groups or a public facing communication depending on assessed risk.

Question 6

Please describe ways in which you routinely engage with commissioned services in your ADP area (e.g. through online surveys, reporting databases, email or phone communication, ADP representation on governance or advisory structures, events etc.).
[open text – maximum 1000 characters]

> There 4 commissioned services (5 providers) all of whom sit across the Inverclyde ADP Structure. At ADP Committee level the Recovery commissioned service is represented and all commissioned services do provide an update of activity on at least an annual basis. Any funding where there is a staffing resource is also required to provide an annual report to the ADP Committee.
> Directly below ADP Committee there is a 'Delivery Group' where all commissioned services, sub group chairs and operational managers drive strategic actions within the Inverclyde ADP Strategy.
> Across the ADP group structure commissioned services also sit on a number of groups either directly for the benefit of that commissioned service (i.e. CORRA funded Residential Rehabilitation pathway) or as part of wider work (i.e. Recovery Development Group). Beyond that, as commissioned services there are regular

> service provider check ins with via the ADP Coordinator and governance meetings through the HSCP Commissioning Team.

Cross-cutting priority: Resilient and Skilled Workforce

Question 7

7a. What is the whole-time equivalent[1] staffing resource routinely dedicated to your ADP Support Team as of 31 March 2025?

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[1] Note: whole-time equivalent (WTE) is a unit of measurement that indicates the total working hours of employees in relation to a full-time position. It helps to standardise and compare staffing resource across different teams or organisations. A full-time employee is equal to one whole-time equivalent. For part-time employees, divide their hours by the whole-time equivalent. For example, if a part-time employee is

[numeric, decimal]

Total current staff (whole-time equivalent including fixed-term and temporary staff, and those shared with other business areas)	3.40
Total vacancies (whole-time equivalent)	0.00

7b. Please list the job title for each vacancy in your ADP Support Team on the 31 March 2025 (if applicable).
[open text – maximum 500 characters]

Question 8

Please select any initiatives you have undertaken as an ADP that are aimed at improving employee wellbeing (volunteers as well as paid staff). Mark all that apply with an 'x'
[multiple choice]

Training and awareness

X Promotion of information and support initiatives

X Provision of training on issues including trauma awareness and crisis management

   Other (please specify):

Workplace support

X Flexible working

X Implementation of risk assessment for work at home and in the workplace

X Inclusive workplace initiatives (including staff networks and wellbeing champions)

X Provision of occupation health services

X Staff recognition schemes

X Use of disability passports

X Workload management

   Other (please specify):

Institution-provided support

X Provision of coaching and supervision for staff and volunteers

   Provision of counselling for staff and volunteers

   Other (please specify):

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required to work 7.5 hours per week and a 'full-time' position is considered to be 37.5 hours, the WTE would be 0.2 (7.5 hours / 37.5 hours).

Wellbeing activities

X Drug and/or alcohol death reflective sessions

X Peer support groups

X Provision of mindfulness courses/learning materials

X Social and physical activities

Other (please specify):

Engagement

X Participation in local Clinical Care Governance Meetings

X Undertaking of staff needs assessments and engagement to understand wellbeing needs

X Regular meetings about staff pressures with senior and junior staff

Other (please specify):

Other initiatives which don't fit in these categories (please specify):

Cross cutting priorities: Lived and Living Experience

Question 9

9a. Do you have a formal mechanism at an ADP level for gathering feedback from people with lived/living experience who are using services you fund? Mark all that apply with an 'x'.
[multiple choice]

X Engagement with recovery communities

X Experiential data collected as part of the Medication Assisted Treatment (MAT) programme

X Feedback / complaints process

X Lived / living experience panel, forum and / or focus group

X Questionnaire / survey

No formal mechanism in place

Other (please specify):

9b. In the past year, have members of any of the following groups with lived and/or living experience participated in any of the above engagement mechanisms? Mark all that apply with an 'x'.
[multiple choice]

X People who are current or former employees or volunteers at the ADP or drug and/or alcohol services

X People who are not employed at the ADP or at drug and/or alcohol services

X People who are currently accessing treatment or support for problem **drug** use (may include treatment for problem alcohol use)

X People who are currently accessing treatment or support for problem **alcohol** use

X People with living experience of drug and/or alcohol use who are not currently receiving treatment or support

People who are experiencing homelessness

X Women

X Young people

Other (please specify):

Question 10

10a. In what ways are **people with lived and living experience** able to participate in ADP decision-making? Mark all that apply with an 'x'.
[multiple choice]

X Through ADP board membership

X Through a group or network that is independent of the ADP

Through an existing ADP group/panel/reference group

X Through membership in other areas of ADP governance (e.g. steering group)

Not currently able to participate

Other (please specify):

10b. In what ways are **family members** able to participate in ADP decision-making? Mark all that apply with an 'x'.
[multiple choice]

Through ADP board membership

X Through a group or network that is independent of the ADP

X Through an existing ADP group/panel/reference group

Through membership in other areas of ADP governance (e.g. steering group)

Not currently able to participate

Other (please specify):

Question 11

What mechanisms are in place within your ADP to ensure that services you fund involve people with lived/living experience and/or family members in their decision-making (e.g. the delivery of the service)? Mark all that apply with an 'x'.
[multiple choice]

Asked about in reporting

X Stipulated in our contracts

None

X Other (please specify): Significant engagement with third sector bodies who support people with lived/living experience and family members in respect of our communication activity during the reporting period. -

Cross cutting priorities: Stigma Reduction

Question 12

Within which written strategies or policies does your ADP consider stigma reduction for people who use substances and/or their families? Mark all that apply with an 'x'.
[multiple choice]

    X ADP strategy, delivery and/or action plan

      Alcohol deaths and harms prevention action plan

      Communication strategy

      Community action plan

      Drug deaths and harms prevention action plan

    X MAT standards delivery plan

      Service development, improvement and/or delivery plan

      None

      Other (please specify):

Question 13

Please describe what work is underway in your ADP area to reduce stigma for people who use substances and/or their families.
[open text – maximum 2,000 characters]

As noted in the previous submission a stigma resource was funded by the ADP and developed by CVSI (third sector interface). This resource continues to be used across a variety of settings including jointly funded (ADP, Health Improvement and Community Learning and Development) substance use school workers.
Inverclyde ADP also have local representation at the NHS Board wide stigma group. Information from this group is fed into local working groups and implemented across workstreams. This Action Group incorporates SFAD, SDF, ADRS, NHSGGC, Lived and Living Experience, healthcare and third sector representatives. Scoping activity of existing anti stigma work has been undertaken to avoid duplication of effort or resources and new resources are being developed to support staff and services to learn about stigma, behaviours, conversations and to tie-in with national work. Prison healthcare are closely involved in this workstream, all three prisons in the area are engaged - this has included prisoner involvement in the creation of videos to be shown in the prisons alongside workshops for staff. A similar resource is being developed for community use to support the stigma work.

During the reporting period there was investment in the ADP website promoting a range of services, activities and stories of hope from across Inverclyde. The new ADP website also features a full section on Stigma and will build on the work being delivered across Inverclyde to tackle it. The website can be accessed via https://inverclydeadp.org.uk/stigma/

Fewer people develop problem substance use

Question 14

How is information on local treatment and support services made available to different audiences at an ADP level (not at a service level)? Mark all that apply with an 'x'. [multiple choice]

	In person (e.g. at events, workshops, etc)	Leaflets / posters	Online (e.g. websites, social media, apps, etc.)
Non-native English speakers (English Second Language)			X
People from minority ethnic groups		X	
People from religious groups		X	
People who are experiencing homelessness	X	X	X
People who are LGBTQI+		X	X
People who are pregnant or peri-natal		X	X
People who engage in transactional sex			X
People who have been involved in the justice system	X	X	X
People with hearing impairments and/or visual impairments			X
People with learning disabilities and literacy difficulties			X
Veterans		X	X
Women	X	X	X
None of the above			
Other (please specify			

Question 15

Which of the following education or prevention activities were funded or supported[2] by the ADP?[3] Mark all that apply with an 'x'.
[multiple choice]

	0-15 years (children)	16-24 years (young people)	25 years+ (adults)
Campaigns / information		X	X
Harm reduction services		X	X
Learning materials	X	X	X
Mental wellbeing	X	X	X
Peer-led interventions		X	X
Physical health		X	X
Planet Youth			▓▓▓
Pregnancy & parenting			X
Youth activities	X	X	▓▓▓
Other (please specify)	Teaching materials for schools	Teaching materials for schools	
None			

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[2] Note: 'supported' refers to where the ADP provides resources of some kind (separate from financial, which is covered by "funded"). This could take the form of knowledge exchange, staffing, the supply of materials (e.g. learning templates, lending them a physical location), etc.
[3] Note: activities which are not relevant for older age groups have been shaded out to avoid confusion on completion of this question.

Risk is reduced for people who use substances

Question 16

16a. Please select in which settings each of the following harm reduction initiatives are delivered in your ADP area. Mark all that apply with an 'x'.
[multiple choice]

	Supply of naloxone	Hepatitis C testing	Injecting equipment provision	Wound care
Community pharmacies	X	X	X	X
Drug services (NHS, third sector, council)	X	X	X	X
Family support services	X			
General practices				X
Homelessness services	X			
Hospitals (incl. A&E, inpatient departments)	X	X		X
Justice services				
Mental health services				
Mobile/outreach services				
Peer-led initiatives	X			
Prison	X	X		X
Sexual health services		X		
Women support services				
Young people's service				
None				
Other (please specify)				

16b. Please provide details about any changes to settings in which harm reduction initiatives have been delivered in the past year. Please describe the changes and any reasons for these changes.
[Open text- maximum 2,000 characters]

During the reporting period the ADP funded the recruitment of a Harm Reduction and Capacity Building Officer building upon work on a previous standalone Naloxone Link Worker post. The post holder picks up on developing work from Public Health Scotland as its progresses around Harm Reduction, with focus being the following 2 national areas of work; Substance Use Harm Prevention for Young People (SUHP YP) and RADAR communications work.

The worker contributed to 16 hosted or facilitated training courses throughout the reporting period including Drugs, Harm Reduction and Naloxone awareness sessions to staff teams within Homeless Services and to final year Social Work students. Additionally other naloxone briefings were provided to anyone living or

working in Inverclyde with specific sessions to organisations including the editorial team of a local evening newspaper.

Recognising the vulnerabilities of individuals experiencing homelessness and accommodated within a hostel setting providing emergency accommodation specific work with the staff group was undertaken. This work resulted in staff being able to provide Naloxone directly to those residents. This supports wider work in supporting the Housing Options and Housing Advice Service Team.

The ADP funded the purchase of AcuVein device to be used within Inverclyde ADRS. The AccuVein Vein Finder is a portable device designed to help staff locate appropriate veins for safe and effective IV access. In harm reduction settings, the Accuvein allows clients to view their own veins, under the guidance of staff. This provides the potential to reduce harm by reducing the prevalence of high-risk injecting practices such as injecting into high-risk areas of the body such as the groin. If no viable veins are located within the arm, this provides an opportunity to discuss route transition away from injecting towards smoking or treatment. Full roll out on its use will commence during 2025/26 reporting period.

Question 17

17a. Which of the following harm reduction interventions are there currently a demand for in your ADP area? (Either where the intervention is not currently provided or where demand exceeds current supply). Mark all that apply with an 'x'.
[multiple choice]

      Drug checking

      Drug testing strips

X Harm reduction advice and support in relation to psychostimulants

      Heroin Assisted Treatment

X Naloxone availability in public facilities (e.g. pre-stationed naloxone, naloxone box etc.)

X Provision of foil

      Safe supply of substances

      Safer drug consumption facility

      Safer inhalation pipe provision

      Other (please specify):

17b. Please provide any details (e.g. scale of demand, source of requests, whether current demand exceeds supply etc.).
[open text – maximum 500 characters]

Recognising the work that the Harm Reduction and Capacity Building Officer has carried out since commencement of the role, Inverclyde ADP anticipate an increase in the distribution of Naloxone as additional training sessions are offered to services across Inverclyde. Development work will be undertaken during the 25/26 reporting period to consider the impact on other harm reduction interventions. The ADP are also keen to explore the potential purchasing of nyxoid to support relevant services.

Question 18
18a. Do you have an adequate supply of naloxone in your ADP area to meet general needs? Mark with an 'x'.
[single option]

X Yes

      No

      Unsure

18b. Within the context of a more toxic and unpredictable drug supply which may require higher doses of naloxone to be administered, do you have adequate supply of naloxone in your ADP area to meet demand if a significant incident were to occur? Mark with an 'x'.
[single option]

X Yes

      No

      Unsure

15

People most at risk have access to treatment and recovery

Question 19

Which partners within your ADP area have documented pathways in place, or in development, to ensure people who experience a near-fatal overdose (NFO) are identified and offered support? Mark all that apply with an 'x'.
[multiple choice]

	NFO pathway in place	NFO pathway in development
Community recovery providers	X	
Homeless services	X	
Hospitals (including emergency departments)	X	
Housing services		X
Mental health services		X
Police Scotland	X	
Primary care	X	
Prison	X	
Scottish Ambulance Service	X	
Scottish Fire & Rescue Service	X	
Specialist substance use treatment services	X	
Third sector substance use services	X	
Other (please specify)		

Question 20

Which, if any, of the following barriers to implementing NFO pathways exist in your ADP area? Mark all that apply with an 'x'.
[multiple choice]

Further workforce training required

High staff turnover

Insufficient funds

Issues around information sharing

Lack of leadership

Lack of ownership

Lack of physical infrastructure

X Lack of staff to support out of hours or extended core business hours

X Workforce capacity

None

Other (please specify):

Question 21

In what ways have you worked with justice partners[4]? Mark all that apply with an 'x'. [multiple choice]

Strategic level

X ADP representation on local Community Justice Partnership

X Contributed to strategic planning

X Coordinated activities between justice, health or social care partners

X Data sharing

X Justice organisations represented on the ADP (e.g. COPFS, Police Scotland, local Community Justice Partnership, local Justice Social Work department, prison)

X Provided advice and guidance

   Other (please specify):

Operational level

   Provided funding or staff for a specialist court (Drug, Alcohol, Problem Solving)

X Raised awareness about community-based treatment options (partners involved in diversion from prosecution or treatment-based community orders)

X Supported staff training on drug or alcohol related issues

X Activities to support implementation of MAT standards

X Other (please specify): Funded Criminal Justice Support Worker (Addictions) until 31/12/2024

Service level

Funded or supported:

   Navigators for people in the justice system who use drugs

X Services for people transitioning out of custody

   Services in police custody suites

X Services in prisons or young offenders' institutions

X Services specifically for Drug Treatment and Testing Orders (DTTOs)

   Services specifically for people serving Community Payback Orders with a Drug or Alcohol Treatment Requirement

   Other (please specify):

---

[4] Note: 'justice partners' includes Community Justice Partnerships (CJPs), Justice Social Work departments, Prisons and Young Offender Institutes, Police, Crown Office and Procurator Fiscal Service (COPFS), Scottish Courts and Tribunals Service (SCTS), Sacro, and third sector organisations that specifically serve people involved with the criminal justice system.

Question 22

Which activities did your ADP support at each stage of the criminal justice system? Mark all that apply with an 'x'.
[multiple choice]

	Pre-arrest[5]	In police custody[6]	In courts[7]	In prison[8]	Upon release[9]
Advocacy or navigators					
Alcohol interventions					
Drug and alcohol use and treatment needs screening					X
Harm reduction inc. naloxone	X	X	X	X	X
Health education & life skills					X
Medically supervised detoxification					X
Opioid Substitution Therapy					X
Psychosocial and mental health based interventions					
Psychological and mental health screening					
Recovery (e.g. café, community)	X	X	X	X	X
Referrals to drug and alcohol treatment services	X	X	X	X	X
Staff training					
None					
Other (please specify)					

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[5] Pre-arrest: Services for police to refer people into without making an arrest.
[6] In police custody: Services available in police custody suites to people who have been arrested.
[7] In courts: Services delivered in collaboration with the courts (e.g. services only available through a specialist drug court, services only available to people on a DTTO).
[8] In prison: Services available to people in prisons or young offenders' institutions in your area (if applicable).
[9] Upon release: Services aimed specifically at supporting people transitioning out of custody.

Question 23
What barriers to accessing support, if any, are there in your area for people who are involved in the justice system? Mark all that apply with an 'x'.
[multiple choice]

Lack of accessibility to mainstream alcohol and drug services and support services (such as lack of transport options)

X Lack of services tailored specifically to people who are on Community Payback Orders, Drug Treatment and Testing Orders, Supervised Release Orders and other community orders

X Lack of specific pathways for people who are involved in the justice system

Lack of support for people who are involved in the justice system after receiving treatment

Services with entry requirements which exclude people convicted of specific offences (such as arson)

Services with entry requirements which exclude people on Community Payback Orders, Drug Treatment and Testing Orders, Supervised Release Orders and other community orders

None

Other (please specify):

Question 24
What types of residential services are available in your area which can be accessed by people who are subject to Community Payback Orders, Drug Treatment and Testing Orders, Supervised Release Orders and other community orders to access support? Mark all that apply with an 'x'.
[multiple choice]

X Mainstream residential rehabilitation services (i.e. those who are open to anyone)

Mainstream residential services other than rehabilitation (e.g. recovery housing)

X Residential services specifically targeted to people involved in the justice system, such as Turnaround or other service (please specify which services): Turnaround

X Mainstream stabilisation/crisis services

Other (please specify):

Question 25

25a. Do you have drugs and alcohol testing services in your ADP area for people going through the justice system on an order or licence? Mark all that apply with an 'x'.
[multiple choice]

Yes, for alcohol

X Yes, for drugs

No

20

Unsure

25b. Who provides testing services for drugs and/or alcohol? Mark all that apply with an 'x'.
[multiple choice]

	Alcohol testing	Drugs testing
Private provider		X
NHS addiction services		
Other local provider (please specify)		
Other arrangement (please specify)		
Not applicable		

25c. What methods are used for drugs and/or alcohol testing? Mark all that apply with an 'x'. [multiple choice]

	Alcohol testing	Drugs testing
Handheld devices		
Spit tests		X
Urine tests		
Electronic monitoring		
Patches		
Other (please specify)		
Not applicable		

People receive high quality treatment and recovery services

Question 26

What **screening options** are in place to address alcohol harms? Mark all that apply with an 'x'.
[multiple choice]

    X Alcohol hospital liaison

    X Arrangements for the delivery of alcohol brief interventions in all priority settings

    X Arrangement of the delivery of alcohol brief interventions in non-priority settings

    Fibro scanning

    X Pathways for early detection of alcohol-related liver disease

    None

    Other (please specify):

Question 27

What **treatment options** are in place to address alcohol harms? Mark all that apply with an 'x'.
[multiple choice]

    X Access to alcohol medication (e.g. Antabuse, Acamprase, etc.)

    X Alcohol hospital liaison

    X Alcohol-related cognitive testing (e.g. for alcohol related brain damage)

    X Community-based alcohol detox (including at-home)

    X In-patient alcohol detox

    X Pathways into mental health treatment

    X Psychosocial counselling

    X Residential rehabilitation

    X None

    X Other (please specify): Alcohol elective in patient detox is only available via referral to Glasgow in patient alcohol detox unit/beds. No elective/planned local in patient alcohol detox beds in Inverclyde.

People receive high quality treatment and recovery services

Question 28

28a. Which, if any, of the following barriers to residential rehabilitation exist in your ADP area? Mark all that apply with an 'x'.
[multiple choice]

    Availability of aftercare

X Availability of detox services

X Availability of stabilisation/crisis services

    Challenges accessing additional sources of funding

    Current models are not working

    Difficulty identifying all those who will benefit

    Further workforce training required

    Geographic distance

X Insufficient base funding

    Insufficient staff

    Lack of awareness of residential rehabilitation among potential clients

    Lack of awareness of residential rehabilitation amongst referrers

    Lack of bed capacity within ADP area

X Lack of specialist providers

    Lack of transportation to travel to available capacity

    Scope to further improve/refine your own pathways

X Variation in prices from different providers

    Waiting times

    None

    Other (please specify):

28b. What actions are your ADP taking to overcome these barriers to residential rehabilitation?
[open text – maximum 500 characters]

Inverclyde ADP received funding from CORRA for the purposes of a Residential Rehabilitation Pathway. This service went operational on 1 October 2024, commssioned to a third sector provider. The pathway is governed by a Steering Group (sub group of ADP) and an Allocations Group. Any barriers identified in year 1 will be progressed during 25/26 reporting period.

Question 29

29a. Have you made any revisions in your pathway to residential rehabilitation in the last year? Mark with an 'x'.
[single option]

    No revisions or updates made in 2024/25

    Yes - Revised or updated in 2024/25 and this has been published

23

X Yes - Revised or updated in 2024/25 but not currently published

29b. If yes, please provide brief details of the changes made and the rationale for the changes.
[open text – maximum 500 characters]

> As noted above, these matters will be progressed during the 2025/26 reporting period.

Question 30
Are there any specific groups in your ADP area who do not have their needs met by the current residential rehabilitation provision (for reasons such as lack of appropriate models of care, inadequate capacity, the location of services or any other factors)? Mark all that apply with an 'x'.
[multiple choice]

    Lesbian, gay or bisexual people

    People from minority religions

    People on OST

    People who are experiencing homelessness

    People who are involved in the justice system

    People who are pregnant or perinatal

    People with child dependents

    People with co-occurring mental health problems

    People with council tenancies

    People with specific physical health condition, including long term illness and disability

    Trans people

    Women

    None

X Other (please specify): Inverclyde ADP are aware of people with long term health conditions where residential rehabilitation was problematic, this involved sourcing alternative providers.

Question 31

31a. Which, if any, of the following barriers to implementing the Medication Assisted Treatment (MAT) standards exist in your area? Mark all that apply with an 'x'.
[multiple choice]

Accommodation challenges (e.g. appropriate physical spaces, premises, etc.)

Availability of stabilisation/crisis services

X Burden of data collection and reporting

X Challenges engaging with GPs

Difficulty identifying all those who will benefit

Further workforce training is needed

Geographical challenges (e.g. remote, rural, etc.)

X Insufficient funds

X Insufficient staff

Lack of awareness among potential clients

X Lack of capacity

Scope to further improve/refine your own pathways

Waiting times

None

X Other (please specify): The challenges of long-term service provision for non-recurring funding streams

31b. What actions is your ADP taking to overcome these barriers to implementing MAT in your ADP area?
[open text – maximum 500 characters]

Burden of data collection- GGC ADRSs connected to share ideas to support & ensure data reporting consistency across board area. Several steering groups/subgroups set up to monitor and support this. Inverclyde used temporary funding from SG to employ an Information Analyst to support collection/reporting. Insufficient funds/staff -Short term funding provided by SG to implement/embed MAT provided several operational/front line posts inc. Analyst. This resulted in successful implementation of MAT.

Question 32
Other than opioids, which substances are currently the highest priority in your ADP area for treatment and support? Please rank the substances of concern in your area in order of priority – add a number to all that apply, with 1 being highest priority.
[ranking]

1 Alcohol

7 Cannabis/cannabinoids

3 Cocaine, and other stimulants

6 Ketamine

5 Pregabalin/gabapentin

4 Street benzos

2 Polydrug use (please specify any most common combinations of drugs): Alcohol, Cocaine, street benzos, although heroin is prevalant it is

Other (please specify):

Question 33

Which of the following treatment and support services are in place specifically for **children and young people using alcohol and/or drugs**? Mark all that apply with an 'x'.[10]
[multiple choice]

	Up to 12 years (early years and primary)	13-15 years (secondary S1-4)	16-24 years (young people)
Alcohol-related medication (e.g. acamprosate, disulfiram, naltrexone, nalmefene)			X
Diversionary activities		X	X
Employability support			
Family support services			X
Information services			
Justice services			
Mental health services (including wellbeing)	X	X	
Opioid Substitution Therapy			X
Outreach/mobile (including school outreach)	X	X	X
Recovery communities			
School outreach	X	X	X
Support/discussion groups (including 1:1)		X	X
Other (please specify)			

---

[10] Note that treatment and support services which are inappropriate for younger age groups have been shaded out to avoid confusion on completion of this question.

Quality of life is improved by addressing multiple disadvantages

Question 34

Do you have specific treatment and support services in place for the following groups?
Mark all that apply with an 'x'.
[multiple choice]

	Yes	No
Non-native English speakers (English Second Language)	X	
People from minority ethnic groups		X
People from religious groups		X
People who are experiencing homelessness	X	
People who are involved in the justice system	X	
People who are LGBTQI+		X
People who are neurodivergent		X
People who are pregnant or peri-natal	X	
People who engage in transactional sex		X
People with hearing impairments and/or visual impairments		X
People with learning disabilities and literacy difficulties		
Veterans	X	
Women	X	
Other (please specify)		

Question 35

35a. Are there formal joint working protocols in place to support people with co-occurring substance use and mental health diagnoses to receive mental health care? Mark with an 'x'.
[single choice]

    X Yes

     No

35b. Please provide details.
[open text – maximum 500 characters]

> Inverclyde Adult Mental Health and ADRS are working in partnership to meet the needs of individuals with co-morbid mental health and substance use difficulties by improving local pathways and joint working. This includes the implementation of the reviewed GGC Interface guidance "Adult Mental Health & Alcohol and Drug Recovery Services Shared Guidance & Specification for Interface Working" and the introduction of a test of change supported by Healthcare Improvement Scotland.

Question 36

What arrangements are in place within your ADP area for people who present at substance use services with mental health problems **for which they do not have a diagnosis**? Mark all that apply with an 'x'.
[multiple choice]

    Dual diagnosis teams

X Formal joint working protocols between mental health and substance use services specifically for people with mental health problems for which they do not have a diagnosis

X Pathways for referral to mental health services or other multi-disciplinary teams

X Pathways for referral to third sector services for mental health support

X Professional mental health staff within services (e.g. psychiatrists, community mental health nurses, etc)

X Provision of joint appointments for those with co-occurring mental health problems and problem substance use

X Provision of mental health assessments for people who are presenting with mental health problems

    None

    Other (please specify):

Question 37

How do you as an ADP work with support services **not directly linked to substance use** (e.g. welfare advice, housing support, etc.) to address multiple disadvantages? Mark all that apply with an 'x'.
[multiple choice]

X By representation on strategic groups or topic-specific sub-groups

    By representation on the ADP board

X Through partnership working

X Via provision of funding

    Not applicable

    Other (please specify):

Question 38

Which of the following activities are you aware of having been undertaken in ADP funded or supported[11] services to implement a trauma-informed approach? Mark all that apply with an 'x'.
[multiple choice]

X Engaging with people with lived/living experience

X Engaging with third sector/community partners

Provision of trauma-informed spaces/accommodation

X Presence of a working group

Recruiting staff

X Training existing workforce

None

Other (please specify):

Question 39

39a. Does your ADP area have specific referral pathways for people to access independent advocacy? Mark with an 'x'.
[single option]

X Yes

No

Don't know

39b. If yes, are these commissioned directly by the ADP? Mark with an 'x'.
[single option]

x Yes

No

Don't know

---

[11] Note: 'supported' refers to where the ADP provides resources of some kind (separate from financial, which is covered by "funded"). This could take the form of knowledge exchange, staffing, the supply of materials (e.g. learning templates, lending them a physical location), etc.

Children, families and communities affected by substance use are supported

Question 40

Which of the following treatment and support services are in place for **children and young people affected by a parent's or carer's substance use**? Mark all that apply with an 'x'.[12]

[multiple choice]

	Up to 12 years (early years and primary)	13-15 years (secondary S1-4)	16-24 years (young people)
Advocacy			
Carer support	X	X	X
Diversionary activities	X	X	X
Employability support			X
Family support services	X	X	X
First aid training			
Information services	X	X	X
Mental health services	X	X	X
Outreach/mobile services			
School outreach			
Social work services	X	X	X
Support/discussion groups	X	X	X
Other (please specify)			

Question 41

Which of the following support services are in place **for adults** affected by **another person's substance use**? Mark all that apply with an 'x'.

[multiple choice]

X Advocacy

X Commissioned services

X Counselling

X One to one support

X Mental health support

X Naloxone training

X Support groups

X Training

X None

Other (please specify):

---

[12] Note support services which are likely to be inappropriate for younger age groups have been shaded out to avoid confusion on completion of this question.

Question 42

42a. Do you have an agreed set of activities and priorities with local partners to implement the Holistic Whole Family Approach Framework in your ADP area? Mark with an 'x'.
[single option]

     Yes

   X No

     Don't know

42b. Please provide details of these activities and priorities for 2024/25.
[open text – maximum 500 characters]

> During the reporting period, Inverclyde ADP produced a new local strategy with improvement actions identified around Whole Family Approach Framework. This will be progressed as part of a wider ADP structure review during 2025/26.

Question 43

When did your ADP most recently conduct an audit or needs assessment of the support currently available in your area for children, young people and adults affected by a family member's substance use? Mark with an 'x'. [single option]

     2020/21

     2021/22

     2022/23

     2023/24

     2024/25

   X None undertaken in the past 5 years

   X There are plans to undertake one in 2025/26

     Unsure

Question 44

Which of the following services supporting a Family Inclusive Practice[13] or a Whole Family Approach are in place in your ADP area (for people with family members both in and not in treatment)? Mark all that apply with an 'x'.
[multiple choice]

   X Advice

   X Advocacy

---

[13] Family Inclusive Practice is a collaborative approach where professionals actively involve a person's family and social networks in care, proactively ask about the needs of the whole family, to ensure all family members are supported.

X Benefits and debt advice

Mentoring

Peer support

Personal development

Social activities

Support for self care activities

X Support for victims of gender based violence and their families

X Youth services

None

Other (please specify):

Question 45
What support would be helpful to facilitate the implementation of a Family Inclusive Practice or a Whole Family Approach? Mark all that apply with an 'x'.
[multiple choice]

X Additional funding

Additional resources

Advice to support setting up of lived and living experience forums/co-production methods

Guidance at a national level

Information shared from other services

Sharing of participation tools

X Workforce training

Analytical support (please specify any details):

Other (please specify):

Question 46
What mechanisms are in place within your ADP area to ensure that services adopt a family inclusive practice? Mark all that apply with an 'x'.
[multiple choice]

Asked about in their reporting

Prerequisite for our commissioning

Regular training provided to services

None

X Other (please specify): Training rolled out

Question 47
In what ways do you work with the Children's Service's Planning Partnership (CSPP) in your area? Mark all that apply with an 'x'.
[multiple choice]

ADP representation on CSPP

Co-location of services

Co-management of projects

Coordinated activities

Coordinated living and lived experience co-production approaches

Co-ordination around staff training

X CSPP representation on ADP

Data sharing

Integrated planning

Joint interpretation of data and evidence at a strategic level

Joint referrals to relevant services

X Knowledge sharing

Pooled funding

Shared and joint outcomes

Shared assessment of local needs

None

Other (please specify):

Finances

Question 48

How much funding does the ADP receive from the following sources? Please mark all which apply with an 'x' and provide details on the amount of funding which is received. [multiple choice, numeric]

X Health board: £ 1,134,830

X Local authorities: £ IJB budget allocated by local authority and health board

X Funding from other grant funder(s) (such as Corra and Inspiring Scotland Foundation): £ 99,991

X Other (please specify source and how much funding) Inverclyde Integrated Joint Board: £ 234,639- IJB budget allocated by local authority and health board

Question 49

49a. How often do you provide financial reports for you ADP area? Mark all that apply with an 'x'.
[multiple choice]

Monthly

X Quarterly

Six monthly

Annually

Other (please specify):

49b. Who is financial reporting provided to? Mark all that apply with an 'x'.
[multiple choice]

X IJB/IA Chief Financial Officer

X IJB/IA Chief Officer

X ADP Chair

X Other (please specify): Head of Addiction Services and Homelessness, ADP Committee

49c. Do you have a dedicated finance officer or team within the ADP? Mark with an 'x'.
[single option]

Yes

No, the ADP coordinator undertakes this as part of their role

X No, finances are managed externally to the ADP

Other (please specify):

Question 50

50. Please describe what financial system(s) are used to manage finances in your area (i.e. Oracle, Efin, Excel spreadsheets).
[open text – maximum 500 characters]

E-Financials

Confirmation of sign-off

Question 51

Has your response been signed off at the following levels? Mark all that apply with an 'x'. [multiple choice]

X ADP

IJB

X Not signed off by IJB (please specify date of the next meeting in dd/mm/yyyy format): 23/06/2025

Thank you

Thank you for taking the time to complete this survey, your response is highly valued. The results will be published in the 2024/25 ADP Annual Survey Official Statistics report, scheduled for publication in autumn 2025.

Please do not hesitate to get in touch via email at substanceuseanalyticalteam@gov.scot should you have any questions.

[End of survey]