



PLEASE NOTE VENUE OF MEETING

INVERCLYDE ALLIANCE BOARD

MONDAY 4 DECEMBER 2023 – 1PM

WEST COLLEGE SCOTLAND, GREENOCK CAMPUS, FINNART STREET, PA16 8HF

Please note the timings below:

13:00 - Arrival at West College Scotland

13:30 - Presentation from West College Scotland

14:00 - The Alliance meeting will commence following the presentation

Please note that this will be an in person meeting only.

BUSINESS

1. **Apologies for Absence**
2. **Minute of Previous Meeting** (copy attached)
3. **Matters Arising**
4. **Inverclyde Alliance Board Action Tracker** (copy attached)
5. **VAWG 16 days short poem video, discussion, and pledge cards**
6. **Violence Against Women and Girls Multi-Agency Partnership Delivery Plan 2023-24** (copy attached)
Report by Corporate Director, Education Communities and Organisational Development, Inverclyde Council
7. **Inverclyde Alcohol and Drug Partnership Annual Report 2022-2023** (copy attached)
Report by Independent Chair of Inverclyde Alcohol and Drug Partnership
8. **Inverclyde Alcohol and Drug Partnership Forward Plan 2023-2026** (copy attached)
Report by Independent Chair of Inverclyde Alcohol and Drug Partnership
9. **Community Learning and Development 3 Year Plan 2021-2024 Annual Report and Revised Action Plan** (copy attached)
Report by Corporate Director, Education Communities and Organisational Development, Inverclyde Council
10. **Inverclyde Community Justice Partnership – Community Justice Outcomes Improvement Plan Update** (copy attached)
Report by Chair of Inverclyde Community Justice Partnership
11. **Programme of Alliance Board Meetings 2024** (copy attached)
Report by Head of Legal, Democratic, Digital & Customer Services
12. **Date of Next Meeting – Monday 18 March 2024**

Enquiries to – **Lindsay Carrick** – 01475 712114

INVERCLYDE ALLIANCE BOARD

MONDAY 2 OCTOBER 2023 – 1PM

Present: Councillors E Robertson (Chair), S McCabe and L Quinn (Inverclyde Council), Mr A Comrie (Strathclyde Partnership for Transport), Ms C Elliott (CVS Inverclyde), Mr S Frew (Scottish Enterprise), Ms S Kelly (Skills Development Scotland), Mr R Turnock (River Clyde Homes), Chief Superintendent L Waddell and Detective Inspector G Sergeant (Police Scotland), Mr R Cowan MP, Ms F Simpson (Scottish Government), Ms B VonWissman (NHS Greater Glasgow & Clyde), Ms A Bunce (Compassionate Inverclyde) Professor Anne Hendry (International Foundation for Integrated Care) and Mr R Anderson (Scottish Fire & Rescue Service).

In attendance: Ms L Long, Ms R Binks, Mr S Jamieson, Ms M Rae, Mr T McEwan, Ms S Christie, Ms L McVey, Ms R Richard, Ms L Carrick and Ms D Sweeney (Inverclyde Council) and Ms K Rocks (Inverclyde HSCP)

The meeting was held in the Municipal Buildings Greenock and by video-conference. Councillors Robertson and Quinn, Ms L Long, Ms R Binks, Ms M Rae, Ms R Richard, Ms B VonWissman, Chief Superintendent L Waddell and Detective Inspector G Sergeant attended the meeting in person.

Prior to the commencement of business, Councillor Robertson acknowledged that this was the last meeting for Chief Superintendent Waddell as Vice Chair, and on behalf of the Board thanked her for her contributions and wished her well for the future.

Councillor Robertson welcomed Beatrix VonWissman, Consultant in Public Health, NHS Greater Glasgow and Clyde and Detective Inspector Gary Sergeant, Police Scotland to their first meeting.

APOLOGIES FOR ABSENCE

Apologies for absence were intimated on behalf of Councillor Brooks (Inverclyde Council) and Ms K Wallace (NatureScot).

MINUTE OF PREVIOUS MEETING

The minute of the meeting of 19 June 2023 was submitted and approved.

MATTERS ARISING

There were no separate matters arising.

INVERCLYDE ALLIANCE BOARD ACTION TRACKER

There was submitted an action tracker arising from previous decisions of the Alliance Board.

Decided:

- (1) that the actions on the tracker be noted; and
- (2) that the revised action tracker be submitted to the next meeting of the Board taking account of the comments made at the meeting.

PRESENTATION ON INVERCLYDE CULTURE COLLECTIVE

The Board heard a presentation by Ms Sarah Christie, Culture Service Manager, Economic & Social Regeneration, Inverclyde Council, providing an update on the work of the Inverclyde Cultural Collective. Ms Christie then answered a number of questions from partners in relation to the presentation.

Decided: that the contents of the presentation be noted.

COMPASSIONATE INVERCLYDE – REALISING THE VALUE OF KINDNESS

There was submitted a report by Professor Anne Hendry, Director IFIC Scotland which considered the social value realised over the five years Compassionate Inverclyde has been fully operational and highlighting the wide range of benefits for citizens, communities and the health and care system. The Board heard a presentation on this subject by Ms Alison Bunce, the Programme Lead, Compassionate Inverclyde and Professor Hendry. Following the presentation, both Ms Bunce and Professor Hendry answered questions from partners. At the conclusion of discussion on this item of business Councillor Robertson extended thanks and appreciation on behalf of the Board for the great work undertaken by Compassionate Inverclyde.

Decided: that the information contained in the report be noted.

INVERCLYDE CHILDREN’S SERVICES PLAN 2023-2026

There was submitted a report by the Corporate Director, Education, Communities & Organisational Development, Inverclyde Council seeking approval on the development of a new Integrated Inverclyde Children’s Services Plan 2023-26.

Decided: that the Integrated Inverclyde Children’s Services Plan 2023-26 be approved.

Mr Cowan left the meeting at this juncture.

COMMUNITY SAFETY PARTNERSHIP DELIVERY PLAN 2023-24 AND VIOLENCE AGAINST WOMEN AND GIRLS MULTI-AGENCY PARTNERSHIP DELIVERY PLAN 2023-24

There was submitted a report by the Corporate Director, Education, Communities & Organisational Development, Inverclyde Council presenting the draft delivery plans for the Community Safety Partnership and Violence Against Women and Girls Multi-agency Partnership for discussion.

Decided:

- (1) that the Community Safety Partnership Delivery and Improvement Plan 2023-24 as detailed in appendix 1 to the report be reviewed;
- (2) that the Violence Against Women and Girls Action Plan 2023-24 as detailed in appendix 2 to the report be reviewed; and
- (3) that it be agreed that following feedback from the Alliance any required changes are made with the finalised versions being circulated.

INVERCLYDE PARTNERSHIP HUB MEETINGS

There was submitted a report by the Corporate Director, Education, Communities & Organisational Development, Inverclyde Council providing an update on the impact of the Inverclyde Partnership Hub meetings.

Decided:

- (1) that the very good work undertaken by the Partnership Hub be noted; and
- (2) that it be agreed that the Community Safety Partnership Strategic Group continues to support the work of the Partnership Hub to monitor its impact.

INVERCLYDE COMMUNITIES MENTAL HEALTH AND WELLBEING FUND FOR ADULTS YEAR 2 REVIEW

There was submitted a report by the Chief Executive, CVS Inverclyde, providing an overview of the initiatives funded to date by the Inverclyde Communities Mental Health & Wellbeing Fund and appending a list of projects which received funding.

Decided:

- (1) that the contents of the report be noted; and
- (2) that it be remitted to officers to submit an evaluation report to a future meeting

ALLIANCE UPDATE REPORT

There was submitted a report by the Interim Head of Services (OD, Policy and Communication), Inverclyde Council outlining the key aspects of the Alliance governance and reporting requirements and presenting a proposal for engagement in a research project.

Decided:

- (1) that (a) consideration be given to the proposed delivery group structure, (b) discussions take place on the membership of the group and (c) agreement be given to its establishment and the development of an updated Terms of Reference;
- (2) that participation in the research project as a partnership approach be agreed;
- (3) that (a) the development of the Alliance Annual Report be noted and (b) agreement be given to provide input outwith the meeting via email; and
- (4) that the update in terms of Locality Planning be noted.

INVERCLYDE CHILD POVERTY LOCAL ACTION REPORT 2023/24

There was submitted a report by the Corporate Director, Education, Communities & Organisational Development, Inverclyde Council providing an update and informing the Alliance Board on the implementation, achievements, and the progress of the Inverclyde Child Poverty Local Action Plan Report and Action Plan for Year 5 2023/24.

Decided:

- (1) that the annual update, progress and plan set out in the Inverclyde Child Poverty Local Action Report Year 5 2023/24 in line with the Child Poverty (Scotland) Act 2017 be approved; and
- (2) that the key successes that have been implemented in Inverclyde to impact and mitigate child poverty in Inverclyde be noted.

FINANCIAL INCLUSION PARTNERSHIP CONFERENCE 2023

There was submitted a report by the Chief Officer, Inverclyde Health & Social Care Partnership providing an update on plans for a Financial Inclusion Partnership Conference.

Decided: that the planned conference schedule and range of guest speakers and workshops as detailed in appendix 1 to the report be noted.

INVERCLYDE TASK FORCE UPDATE

There was submitted the Minute of the Inverclyde Task Force meeting of Monday 26 June 2023 for information and noting.

Decided: that the Minute be noted.

ADDITIONAL INVESTMENT FOR GREENOCK AND INVERCLYDE

At conclusion of business, the Chief Executive, Inverclyde Council advised the Board verbally that Greenock has been chosen for an additional investment of £20m focussing on urban regeneration, skills and enterprise and connectivity. It was noted that a Town Board would be established to bring, citizens, community leaders and employers together to deliver the long-term plan for the town.

Decided:

- (1) that the information be noted; and
- (2) that it be remitted to officers to bring an update to a future meeting on the progress of the establishment of a Town Board and the work undertaken.

REMEMBERING TOGETHER

Ms C Elliott, Chief Executive, CVS Inverclyde provided the Board with a verbal update on the Remembering Together: Inverclyde Covid Memorial Project. It was noted that Greenspace is the National Lead and Phase 1 was led by CVS as part of Inverclyde Cares with Rig Arts appointed as Lead Partner. Ms Elliott further advised that Phase 1 is now complete and that a full report on the engagement activity would be circulated to partners. It was noted that Phase 2 has commenced and a steering group has been established.

Decided:

- (1) that the information on the Remembering Together project be noted; and
- (2) that updates be submitted to a future meeting of the Board.

Date of Next Meeting

It was noted that the next meeting of the Alliance Board will take place at 1pm on Monday 4 December 2023.



Inverclyde Alliance

Inverclyde Alliance Board Action Tracker

Date of Meeting	Action	Progress Update
3.10.22	<p><u>Inequalities Partnership Update</u> Update on requests made to Scottish Government will be included as part of consideration of ADP annual report when it is considered at a future Alliance meeting (Kate Rocks)</p>	On agenda
5.12.22	<p><u>Clyde Conversations 5 Report</u> Update to be provided to a future meeting (Ruth Binks)</p>	Scheduled for a future meeting. Date of next Clyde Conversations event now February 2024.
5.12.22	<p><u>Presentation on Partnership Development (Morra Rae)</u> Progress the following over 2023:</p> <ul style="list-style-type: none"> • Develop approach to Locality Planning • Thematic workshops to be arranged, and variety of Board meeting locations and visits to be arranged 	<p>Update provided to previous meeting and further detail to be provided at first meeting of 2024.</p> <p>June meeting hosted by River Clyde Homes. December meeting hosted by West College. February workshop on Partnership Plan. June workshop on Net Zero. Partners to suggest future workshop themes.</p>
13.03.23	<p><u>Inverclyde Alliance Partnership Plan</u> Review of the delivery structures and development of actions and performance indicators</p>	Agreement at previous meeting on proposals for delivery structure and the terms of reference and action plan would be consulted upon outwith the meeting.

Date of Meeting	Action	Progress Update
13.03.23	<p><u>Inverclyde Community Justice Partnership Update</u></p> <p>Report to a future meeting on the draft Inverclyde Community Justice Outcomes Improvement Plan, and Alliance Board to assist in the finalising of the Plan.</p>	Update on agenda with a proposed 2024 timeline for CJOIP finalisation
19.06.23	<p><u>Active Inverclyde Strategy 2021-24 Action Plan</u></p> <p>Annual report on Action Plan to be shared with Alliance</p> <p>Evaluation report to be submitted to a future meeting highlighting the findings of the Active Inverclyde Sports Strategy survey to help understand activity levels within Inverclyde and to identify potential areas for development in the future.</p>	<p>Scheduled for June 2024</p> <p>Scheduled for future meeting</p>
19.06.23	<p><u>Tree planting in Inverclyde</u></p> <p>Implementation plan to be shared at a future meeting</p>	Scheduled for future meeting
02.10.23	<p><u>Violence Women and Girls Strategy 2023-26</u></p> <p>Updated VAWG action plan to be shared with Alliance</p>	On agenda
02.10.23	<p><u>Inverclyde Communities Mental Health and Wellbeing Fund for Adults Year 2 Review</u></p> <p>Evaluation report to be submitted to a future meeting</p>	Scheduled for first meeting of 2024

Date of Meeting	Action	Progress Update
02.10.23	<p><u>Alliance Update Report</u></p> <p>Participation in the research project as a partnership approach be progressed.</p> <p>Input to the Alliance Annual Report to be provided outwith the meeting via email</p>	<p>Verbal updates to be provided at the meeting</p> <p>Progressed in November</p>
02.10.23	<p><u>Additional Investment for Greenock and Inverclyde</u></p> <p>Update to a future meeting on the progress of the establishment of a Town Board and the work undertaken.</p>	<p>Scheduled for first meeting of 2024</p>
02.10.23	<p><u>Remembering Together</u></p> <p>Update to be provided to a future meeting</p>	<p>Scheduled for first meeting of 2024</p>



Inverclyde Alliance

AGENDA ITEM NO: 6

Report To: Inverclyde Alliance Board **Date:** 4 December 2023

Report By: Ruth Binks **Report No:**
Corporate Director Education,
Communities and Organisational
Development, Inverclyde Council

Contact Officer: Hugh Scott, Service Manager **Contact No:** 01475 715450
Community Learning and
Development, Community
Safety & Resilience, Inverclyde
Council

Subject: Violence Against Women and Girls Multi-Agency Partnership Delivery
Plan 2023-24

1.0 PURPOSE

1.1 The purpose of this report is to present the updated delivery plan for the Violence Against Women and Girls Multi-agency Partnership (VAWG MAP) to the Alliance Board for approval.

2.0 SUMMARY

2.1 At its meeting of 19 June 2023, the Alliance Board approved the Violence Against Women and Girls (VAWG) Strategy 2023-2026 and noted the intention to develop a delivery plan for 2023-24.

2.2 A delivery action plan was developed in consultation with the VAWG MAP, focusing on the priorities identified within the strategy documents. This action plan was presented to the Alliance Board on 2 October 2023 and following discussion a request was made for the VAWG MAP to review the plan with a view to including data indicators.

2.3 The VAWG MAP have updated the plan to include a range of indicators.

3.0 RECOMMENDATIONS

3.1 It is recommended that the Alliance Board approves the VAMG Action Plan 23-24.

Ruth Binks
Corporate Director of Education, Communities and Organisational Development

4.0 BACKGROUND

4.1 At its meeting of 19 June 2023, the Alliance Board approved the Violence Against Women and Girls (VAWG) Strategy 2023-2026 and noted the intention to develop a delivery plan for 2023-24.

4.2 The VAWG Strategy mirrors the priorities of the national strategy Equally Safe, to work collaboratively with key partners in the public, private and third sectors to prevent and eradicate all forms of violence against women and girls. The priorities are:

- Scottish society embraces equality and mutual respect, and rejects all forms of violence against women and girls;
- women and girls thrive as equal citizens – socially, culturally, economically, and politically; and
- interventions are early and effective, preventing violence and maximising the safety and wellbeing of women, children, and young people; and
- men desist from all forms of violence against women and girls, and perpetrators of such violence receive a robust and effective response.

4.3 A delivery action plan was developed in consultation with the VAWG MAP, focusing on the priorities identified within the strategy documents. This action plan was presented to the Alliance Board on 2 October 2023 and following discussion a request was made for the VAWG MAP to review the plan with a view to including data indicators.

5.0 PROPOSALS

5.1 The VAWG MAP have reviewed and updated the delivery action plan to provide some further detail on planned activity and include data indicators.

5.2 The data indicators included within the action plan come from a range of sources across the partnership, where data is available at an Inverclyde level, and aims to provide evidence of:

- Funding value
- VAWG training delivery
- Support service referrals and outcomes
- Children’s Panel Reporter referrals
- Crime statistics
- Perpetrator programme referrals and outcomes
- Multi Agency Risk Assessment Conference (MARAC) statistics

5.3 The updated action plan is included as an appendix to this report.

6.0 IMPLICATIONS

6.1 Legal: none at present
Finance: none at present
Human Resources: none at present
Equality and Diversity: An equality impact assessment was undertaken during the development of the strategy document
Alliance Partnership Plan: The VAWG strategy and action plan will contribute to the achievement of priority theme 4 ‘A Supportive Place’.

7.0 CONSULTATIONS

7.1 None

8.0 LIST OF BACKGROUND PAPERS

8.1 Violence Against Women and Girls Strategy 2023-2026; Alliance Board Report 19 June 2023 (agenda Item 6); Alliance Board Report 2 October 2023 (agenda Item 8);

Inverclyde Violence Against Women & Girls Strategy	
Action Plan 2023-26	
Strategic Priority	Action
1. Communities in Inverclyde embrace equality and mutual respect, and reject all forms of violence against women and girls	1.1 Positive gender roles are promoted
	1.2 People enjoy healthy, positive relationships
	1.3 Children and young people develop an understanding of safe, healthy, and positive relationships from an early age
	1.4 Individuals and communities recognise and challenge violent and abusive behaviour
2. Women and girls in Inverclyde thrive as equal citizens: socially, culturally, economically, and politically	2.1 Women and girls are safe, respected, and equal in our communities
	2.2 Women and men have equal access to power and resources
3. Interventions are early and effective, preventing violence and maximising the safety and wellbeing of women, children, and young people	3.1 Women, children, and young people access relevant, effective, and integrated services
	3.2 Service providers competently identify violence against women and girls and respond effectively to women, children and young people affected
4. Men desist from all forms of violence against women and girls and perpetrators of such violence receive a robust and effective response	4.1 Justice responses are robust, swift, consistent, and coordinated
	4.2 Men who carry out violence against women and girls are identified early and held to account by the criminal and civil system
	4.3 Relevant links are made between the experience of women, children, and young people in the criminal and civil system

Action Plan 2023-26

Action	Activity	When	Local Partners	National Partners
1.1 Positive gender roles are promoted.	Deliver the Mentors in Violence Prevention Programme to ensure that young people better understand positive and healthy relationships, positive gender roles and stand up to violence and toxic masculinity.		Senior CLD Worker/VAW Coordinator/All High Schools	Education Scotland/ MVP Scotland
	Address under-representation of women and minority groups in power and politics that results in fewer opportunities to shape discussion, affect changes in policy, and adopt measures to end VAWG.		VAWG MAP Women's Forum	

	<p>Adopt a whole-systems, gendered approach to tackling VAWG underpinned by Equalities priorities within Inverclyde Council, ensuring the workforce is supported with up-to-date guidance, policies, and pathways.</p> <p>Communicate with the local community to increase people's awareness and understanding of the causes and consequences of gender-based violence and the role they can play in tackling it through involvement in:</p> <ul style="list-style-type: none"> • Local campaigns including 16 Days of Action and International Women's Day. • White Ribbon campaign to increase the number of men and boys becoming actively involved in challenging negative attitudes and behaviour. • Deliver briefing and information Sessions. 		<p>Corporate Equalities Group Inverclyde Council (ESAW) VAWG MAP</p> <p>Corporate Communications HR Inverclyde Council HSCP SWCJ Police Scotland and other VAWG MAP partners</p>	
1.2 People enjoy healthy, positive relationships.	<p>Communicate awareness of healthy and positive relationships and access to services through targeted campaigns including social media engagement and age-appropriate targeting, helping individuals and communities to recognise and challenge violent and abusive behaviour.</p> <p>Deliver the Rape Crisis Sexual Violence Prevention Programme in schools, to increase understanding of consent and healthy relationships.</p>		<p>Corporate Communications VAWG MAP Partners</p> <p>Rape Crisis Glasgow/ Inverclyde Women's Aid VAWG MAP</p>	
1.3 Children and young people develop an understanding of safe, healthy, and positive relationships from an early age.	<p>Research age-appropriate, evidence-based interventions to raise children, teachers and parents' understanding and awareness of gender-based violence, positive, healthy relationships, and consent, as part of a whole school approach to tackling gender-based violence.</p>			
1.4 Individuals and communities recognise and challenge violent	<p>Deliver comprehensive multi agency training on the wider violence against women and girls' agenda to ensure that all learning needs are captured, promoting cultural/language change, and challenging the acceptance of VAWG, toxic masculinity and misogynistic/sexist views with local services and the wider community.</p>		<p>VAWG MAP Partners/VAW Coordinator</p>	

<p>and abusive behaviour.</p>	<p>Increase reporting and referrals to MARAC to address low reporting and abuse being allowed to continue, unchallenged and victim blaming.</p> <p>Reduce the risk of offending and harm by pursuing perpetrators through promotion of referral to the Disclosure Scheme for Domestic Abuse in Scotland (DSDAS).</p> <p>Promote Safe & Together approaches to risk assessment for Domestic Abuse through Multi Agency Risk Assessment Conference (MARAC) & Risk Indicator Checklist (RIC) through information sessions and training. Promote principles in Inverclyde towards enhancing the safety and wellbeing of children through working with the non-abusive parent and holding the abusive parent accountable for their abuse which is framed as a parenting choice.</p>	<p>MARAC Governance Group VAWG MAP partners MARAC members</p> <p>Police Scotland VAWG MAP partners, MARAC members</p> <p>MARAC members, VAWG MAP partners, VAW/MARAC Coordinator</p>	
<p>2.1 Women and girls are safe, respected, and equal in our communities.</p>	<p>Address the barriers gender-based issues in society to women and girls participating equally in social and leisure activities without safety concerns in public spaces, including public lighting, policing, and sexualised experiences.</p> <p>Promote safe spaces for women in communities and ensure promotion of locations supporting 'Safe Spaces' in Inverclyde.</p>	<p>Community Safety Partnership, VAWG MAP partners</p> <p>VAWG MAP partners</p>	
<p>2.2 Women and men have equal access to power and resources.</p>	<p>Ensure that victims/survivors' voices are heard and shape responses.</p> <p>Ensure that violence and abuse are identified through multiple routes. Responsive services support those identified as high risk and appropriate support is offered. Professionals are well trained and feel competent and confident to respond.</p>	<p>VAWG MAP partners</p> <p>VAWG MAP Partners/ VAW/MARAC Coordinator</p>	
	<p>Work in partnership with council services on the ESAW working Group towards successful completion of the action plan priorities to gain IC ESAW bronze accreditation.</p>	<p>Corporate Equalities Group VAWG MAP VAW Coordinator HR</p>	

	<p>Promote the dissemination of accessible and up to date information in local area/organisations about the range of support available for both men and women affected by domestic abuse and other forms of gender-based violence.</p>	<p>VAWG MAP partners, VAW Coordinator, Corporate Communications</p>	
<p>3.1 Women, children, and young people access relevant, effective, and integrated services</p>	<p>Address the barriers for women and their children of Economic Abuse and the control and isolation that diminishes their opportunities to leave the perpetrator.</p>	<p>MARAC Governance Group, MARAC members, VAW Coordinator, VAWG MAP partners</p>	
<p>3.2 Service providers competently identify violence against women and girls and</p>	<p>Coordinate 4 weekly MARAC meetings to identify victims of DA experiencing serious harm, improve safety of victims and their children and address perpetrator behaviour.</p>	<p>VAW/MARAC Coordinator</p>	
	<p>Offer refuge provision, support and outreach for women and their children and the Sexual Abuse Service.</p>	<p>Inverclyde Women's Aid</p>	
	<p>Offer advocacy and support services to people affected by domestic abuse through the court process.</p>	<p>ASSIST</p>	
	<p>Develop local work around use of Risk Assessment processes for people affected by domestic abuse with a learning disability.</p>	<p>VAWG MAP</p>	
	<p>Capture and build on longer term good practice from the COVID19 crisis response.</p>	<p>VAWG MAP</p>	
	<p>Identify links to services for women and girls with complex needs - Alcohol & Drugs, homelessness Mental Health, Refugee women.</p>	<p>VAWG MAP</p>	
	<p>Ensure that services are trauma informed through collaboration with justice partners acknowledging individuals' experiences and respecting their perspectives and ensuring their holistic needs are met.</p>	<p>VAWG MAP SWCJ</p>	
	<p>Offer VAWG training and RIC/MARAC information sessions to multi-agency partners to ensure awareness and appropriate MARAC referrals, to improve coordinated responses (including Forced Marriage, Honour Based Abuse, Female Genital Mutilation and Commercial Sexual Exploitation) with links to the barriers of adult and child protection, mental health, and housing/homelessness.</p>	<p>VAW Coordinator, VAWG MAP partners</p>	

respond effectively to women, children and young people affected	Promote NHS based Routine Sensitive Enquiry to provide opportunities for disclosure of VAWG, adopting a trauma-informed approach, ensuring that patients are asked about their experiences in a safe and supportive environment.	NHS GG&C VAWG MAP partners	
	Ensure relevant and active membership on appropriate multi agency groups.	VAW/MARAC Coordinator	
4.1 Justice responses are robust, swift, consistent, and coordinated	Complete the Violence Against Women Partnership Equally Safe Quality Standards and Performance Framework (annually).	VAW Coordinator VAWG MAP partners ASSIST Inverclyde Women's Aid	
	Continuously monitor and evaluate practice to protect women, children and young people at risk of significant harm.	VAWG MAP MARAC/MARAC Governance	
	Support Police Scotland's Domestic Abuse Task Force (DATF).	VAWG MAP partners, MARAC members	
	Support and work with Specialist domestic Abuse Investigation Units within the local Police Division.	VAWG MAP, MARAC members	
	Support MATACs to facilitate effective decision making around repeat offenders and high-risk victims - links to MARAC.	VAWG MAP members VAW Coordinator	
	Deliver the Up2U Creating Healthy Relationships Perpetrator Programme: a cognitive behavioural programme for perpetrators of domestic abuse.	SWCJ	
	Ensure risks are identified and mitigated on development of restorative justice processes in Inverclyde.	SWCJ VAWG MAP	
	Support Police Scotland by representation on the DSDAS Decision Making Forum.	VAW Coordinator ASSIST	
	Support and promote existing 3 rd party reporting systems.	Inverclyde Women's Aid	
	4.2 Men who carry out violence against women and girls are identified early and held to account by the		

<p>criminal and civil system</p>			
<p>4.3 Relevant links are made between the experience of women, children, and young people in the criminal and civil system</p>	<p>Support Police Scotland in ensuring that services are making relevant referrals where children are present at Domestic Abuse incidents.</p>	<p>VAWG MAP partners</p>	
	<p>Work with partners in HSCP towards producing better outcomes for women offenders who experience VAWG.</p>	<p>VAWG MAP partners SWCJ</p>	
	<p>Deliver Domestic Abuse screening process between Police and Social Work considering whether compulsory measures of care and protection are required to safeguard the child following reports where there are children in the relationship.</p>	<p>Police Scotland SWCF NHS GG&C</p>	

Local Performance Monitoring Indicators 2023-26

Strategic Priority Action	Indicator	Update	Source
1,2,3,4	Funding invested in preventing and eradicating VAWG at a local level		Inverclyde Council Scottish Government
1	Number of training/awareness courses delivered		VAWG MAP
1	Number of people accessed training/awareness		VAWG MAP
3	Number of referrals to VAWG support services		Inverclyde Women's Aid and ASSIST from Equally Safe Performance Standards.
3	Number of women who reported feeling safer as a result of the specialist support, they received.		Equally Safe Performance Standards.
3	Number of women who reported having increased levels of wellbeing as a result of the specialist support, they received.		Equally Safe Performance Standards.
3	Number of children who reported feeling safer as a result of the specialist support, they received.		Equally Safe Performance Standards.
3	Number of children who report having increased levels of wellbeing as a result of the specialist support, they have received.		Equally Safe Performance Standards.
3	Number of children referred to the Reporter to the Children's Panel.		Police Scotland/HSCP
4	Domestic abuse crimes recorded with a female victim		Police Scotland
4	% of crimes and offences in domestic abuse incidents detection rate.		Police Scotland
4	Rape/attempted rape crimes recorded (not available by gender)		Police Scotland
4	Sexual Assault crimes (not available by gender)		Police Scotland
4	Prostitution related crimes (not available by gender)		Police Scotland
4	Other sexual crimes (not available by gender)		Police Scotland
4	Number of referrals to specialist perpetrator interventions		SWCJ
4	% of referrals who successfully complete specialist perpetrator programmes.		SWCJ
3	Numbers of women referrals to Multi Agency Risk Assessment Conference (MARAC).		MARAC
3	Numbers of Children referred with parent/carers to MARAC.		MARAC



Inverclyde Alliance

AGENDA ITEM NO: 7

Report To:	Inverclyde Alliance Board	Date: 4 Dec 2023
Report By:	Kenny Leinster Independent Chair of Inverclyde Alcohol and Drug Partnership	Report No:
Contact Officer:	Kenny Leinster	Contact No: 01475715361
Subject:	Inverclyde Alcohol and Drug Partnership Annual Report 2022-23	

1.0 PURPOSE

1.1 The purpose of this report is to give an update in full on the work carried out by the Inverclyde Alcohol and Drug Partnership (IADP) between April 2022 – March 2023 to the Inverclyde Alliance Board.

2.0 SUMMARY

2.1 This report provides detail on the activity carried out by Inverclyde's Alcohol and Drug Partnership during April 2022 – March 2023. The full draft IADP Annual Report 2022/23 can be found in Appendix 1.

2.2 The IADP Annual Report 2022/23 is currently in draft format and will be signed off at the next ADP Committee meeting scheduled for 27th November 2023.

2.3 This report provides details submitted to the Scottish Government on the Annual Reporting Survey 2022/23 for Inverclyde's ADP. This detail can be found in Appendix 2.

3.0 RECOMMENDATIONS

3.1 It is recommended that the Alliance Board:

- a. Notes the work of Inverclyde Alcohol and Drug Partnership during the period April 2022 to March 2023 as detailed within the Annual Report (Appendix 1) and the Scottish Government Annual Return (Appendix 2).
- b. Approves the content detailed within the ADP 2022/23 Annual Report.

Kenny Leinster
Independent Chair of Inverclyde Alcohol and Drug Partnership

4.0 BACKGROUND

4.1 Inverclyde Alcohol and Drug Partnership is made up of a range of statutory and third sector organisations, who work collectively to implement local and national strategies to reduce alcohol and drug misuse in Inverclyde.

4.2 The IADP apply a whole system approach to deliver sustainable change for the health and wellbeing of Inverclyde residents. We work to achieve this through our strong Governance structure and implementation of MAT standards and Alcohol Support Services.

4.3 The partnership delivers statutory requirements and national and local priorities which include:

- Medication Assisted Treatment (MAT) Standards
- Alcohol and Drug Recovery Services
- Family Support Services
- Early Intervention Support
- Recovery Community Development
- Commissioning of Residential Rehabilitation

4.4 The IADP is responsible for supporting the core services delivered by Inverclyde Alcohol and Drug Recovery Services (ADRS) which run from the Wellpark Centre. In addition, the IADP commissions a range of community-based services which, together builds a continuum of recovery to ensure there are comprehensive services designed to meet the needs of individuals with a range of needs.

4.5 The work taken forward by IADP relates to the 6 Big Actions within the HSCP Strategic Plan; namely; big actions 1, 5 and 6.

5.0 PROPOSALS

5.1 N/A

6.0 IMPLICATIONS

6.1 Legal: N/A
Finance: N/A
Human Resources: N/A
Equality and Diversity: N/A
Repopulation: N/A
Inequalities: N/A

7.0 CONSULTATIONS

7.1 The IADP Annual Report was developed with partners of the Inverclyde Alcohol and Drug Partnership and will be taken for final approval to the IADP Committee on the 27th November 2023.

8.0 LIST OF BACKGROUND PAPERS

8.1 N/A

Inverclyde Alcohol & Drug Partnership

Annual Report 2022-23

"I feel like I am back to being me again. I am doing all the things I enjoyed, and I do not feel so lonely anymore. I am feeling more positive emotionally and my physical health is improving. I have greater self-awareness of my triggers and I am more confident about asking for support from staff and peers if I am struggling."

(Service User, ADRS & Moving On)

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PURPOSE

The purpose of this annual report is to detail the work carried out by the Inverclyde Alcohol and Drug Partnership (IADP) between April 2022 – March 2023

SUMMARY

Inverclyde Alcohol and Drug Partnership is made up of a range of statutory and third sector organisations, who work collectively to implement local and national strategies to reduce alcohol and drug misuse in Inverclyde.

The IADP apply a whole system approach to deliver sustainable change for the health and wellbeing of Inverclyde residents. We work to achieve this through our strong Governance structure and implementation of MAT standards and Alcohol Support Services

The partnership delivers statutory requirements and national and local priorities which include:

- Medication Assisted Treatment (MAT) Standards
- Alcohol and Drug Recovery Services
- Family Support Services
- Early Intervention Support
- Recovery Community Development
- Commissioning of Residential Rehabilitation

The IADP is responsible for supporting the core services delivered by Inverclyde Alcohol and Drug Recovery Services (ADRS) which run from the Wellpark Centre. In addition the IADP commissions a range of community-based services which, together builds a continuum of recovery to ensure there are comprehensive services designed to meet the needs of individuals with a range of needs.

The work taken forward by IADP relates to the following actions detailed within Inverclyde's Health and Social Care Strategic Plan.

- Big Action 1 - *Reducing inequalities by building stronger communities and improving physical and mental health.*
- Big Action 5 - *Together we will reduce the use of, and harm from, alcohol, tobacco and drugs.*
- Big Action 6 – *We will build on the strengths of people and our community.*

MEDICATION ASSISTED TREATMENT (MAT) STANDARDS

The Medication Assisted Treatment (MAT) Standards for Scotland were published in May 2021 to ensure consistent delivery of safe, accessible high-quality care and treatment for people experiencing harm as the result of drug use regardless of where they live. MAT is the term for use of medication such as opioids, together with any psychological and social support.

The 10 standards adopt a rights-based approach, ensuring individuals have choice in their treatment and are empowered to access the appropriate support for their recovery.

The key service with responsibility for the delivery of the MAT Standards is ADRS as their service works with individuals with highly complex needs, many of whom receive Medically Assisted Treatment. This means they are prescribed medication designed to prevent the use of street drugs and improve their health and reduce the harm caused by use of illegal drugs.

Although it has been challenging to achieve full roll out for MAT 1-5 by April 2023, Inverclyde ADP has achieved green status for MAT 2 and 5, with provisional green for MAT 1, 3 and 4. This demonstrates full implementation of the standard, with some refining of the Experiential Evidence gathering required to evidence full-service user/patient benefit for 1, 3 and 4. For MAT 6-10, full implementation is required to be achieved by April 2024.

The experiential evidence requirements of the Scottish Government for the MAT Standards Implementation is to engage with people who access services, family members and staff and service providers. Experiential Evidence gathering will restart late October 2023 with support from our partners in Moving On, Your Voice and Scottish Families Affected by Drugs and Alcohol.

Inverclyde Alcohol and Drug Recovery service provide a range of care and treatment options to people experiencing harm from alcohol and drugs and who have complex needs. Inverclyde Health and Social Care Partnership (HSCP) Strategic Plan - big action 5 and the Scottish Governments Drug and Alcohol Strategy: Rights, Respect and Recovery focus on improving health by preventing and reducing alcohol and drug use, harm, and related death.

The Drug Deaths Taskforce established by the Scottish Government in September 2019 in response to the drug-related deaths across Scotland introduced a number of initiatives including the introduction of Medication Assisted Treatment (MAT) Standards for Scotland. The Standards were published in May 2021 to ensure consistent delivery of safe, accessible high-quality care and treatment for people experiencing harm as the result of drug use regardless of where they live. MAT is the term for use of medication such as opioids, together with any psychological and social support. The service is working with other Alcohol and Drug Partners (ADP) and other HSCP's across Greater Glasgow and Clyde to ensure full implementation locally.

The Standards consisting of 10 individual standards which adopt a rights-based approach, ensuring individuals have choice in their treatment and are empowered to access the right support for where they are in their recovery journey.

STANDARD 1: ALL PEOPLE ACCESSING SERVICES HAVE THE OPTION TO START MAT FROM SAME DAY OF PRESENTATION

Standard 1 relates to people being able to access opiate substitute treatment (OST) when they feel ready to start medication. The service operates a daily duty team with access to drug and alcohol workers, nurses and doctors allowing the opportunity for same day assessment and commencement of OST if clinically appropriate. All referrals to the service are screened and allocated to key worker's daily allowing a quick response to all referrals. This enables assessment of risk, clinical status and individual needs to be undertaken, with the offer of same day assessment and commencement of OST if clinically appropriate and mutually agreed by the individual. Individuals may be offered a range of motivational enhancement, psychosocial interventions, harm reduction, relapse prevention and

education prior to OST being prescribed or throughout their treatment to ensure the best possible outcome for the individual.

STANDARD 2: ALL PEOPLE MAKE AN INFORMED CHOICE ON WHAT MEDICATION TO USE FOR MAT AND THE MOST APPROPRIATE DOSE.

Standard 2 relates to choice of OST medication available to individuals who can commence or change to what is most appropriate to their circumstances. The individual will be provided with all relevant information including appropriate dose and titration plan in order to make an informed choice. Choice, dose and commencement of treatment is evidence based considering clinical assessment, risk and individual need and a treatment plan agreed prior to commencement of OST. ADRS offer and prescribe a range of OST medication in the form of methadone, oral Buprenorphine and long-acting injectable Buprenorphine.

STANDARD 3: ALL PEOPLE AT HIGH RISK OF DRUG-RELATED HARM ARE PROACTIVELY IDENTIFIED AND OFFERED SUPPORT TO COMMENCE OR CONTINUE MAT.

Standard 3 relates to supporting individuals into treatment or stay in treatment. Referral pathways into the service are in place from 3rd sector, voluntary, GP and HSCP services including self-referral routes where individuals can phone or self-present at the Wellpark Centre. A duty service is available during service opening hours for anyone within Inverclyde wishing to discuss possible drug and alcohol treatment options, support, commencement of OST and advice for family/friends and other services.

Thrice weekly multidisciplinary meetings (MDT) are held within ADRS to discuss high risk cases of vulnerable individuals where an evidence-based, person centred, strength based, and recovery focused care and treatment plan can be discussed whilst providing support to the key worker. An additional fortnightly MDT focuses on providing a forum for discussion and care planning for individuals currently accessing ADRD who are repeatedly presenting at ED.

ADRS assertive outreach liaison nurses provide time limited, intensive support to individuals who find it difficult to engage or remain in treatment or stay engaged with ADRS. They also provide in reach into the Acute and Psychiatric Hospital, Emergency Department (ED), Primary Care and Homeless Centre and have established referral pathways with Police Scotland and Custody Nurses. An information sharing agreement is in place with Scottish Ambulance Service (SAS) for all non-fatal overdose cases identified within Inverclyde. The team respond by contacting individuals, offering a holistic assessment of need including mental health assessment, clinical assessment, and commencement of same day OST if appropriate, harm reduction interventions, advice and support, psychosocial interventions, motivational enhancement and onward referral to other appropriate services and support including universal and community organisations. Good partnership working is established in practice.

STANDARD 4: ALL PEOPLE CAN ACCESS EVIDENCE-BASED HARM REDUCTION AT THE POINT OF MAT DELIVERY.

Standard four relates to harm reduction interventions. Inverclyde ADRS has an assertive, opt out approach with education provided to service users including information about overdose symptoms, training and supply of Naloxone.

All staff have been trained in a range of harm reduction interventions including emergency supply of Naloxone which is available within the service. All staff are trained in dry blood spot testing as we adopt an assertive approach to blood born virus (BBV) testing. Access to safe, clean injecting equipment provision (IEP) is accessible within the service. Nursing staff provide wound care, assessment and treatment of risks associated with injection and poly drug use.

Relapse prevention and harm reduction advice/education/psychosocial interventions are delivered at each contact, including advice on the type of drugs being used and any related topics. Onward referral and positive working relationships between partner services including universal services and supports, community recovery services, welfare benefits, housing and peer support are in place.

Inverclyde ADRS hosts Inverclyde and Renfrewshire Hepatitis C service which is a nurse led service to provide a seamless pathway for diagnosis, treatment and follow up of Hep C in line with clinical guidelines. Pathways are established for support and treatment of other BBVs.

All harm reduction interventions are available through ADRS duty team during service opening hours.

STANDARD 5: ALL PEOPLE RECEIVE SUPPORT TO REMAIN IN TREATMENT FOR AS LONG AS REQUESTED

Standard 5 relates to individuals finding it difficult to remain in treatment or engaged with the service. The assertive outreach liaison nurses will actively outreach to individuals in the community who are finding it difficult to maintain contact with ADRS to remain in treatment. High risk cases can be identified through the MDTs.

The service is a key partner in multiagency meetings with other HSCP and community partners including the Community Mental Health Team (CMHT) to support delivery of joint care.

The service has long-established good joint working with all community pharmacies. NHS board wide guidance allows for community pharmacies to inform the service if individuals do not attend for OST prescriptions. This allows for a prompt response by the service to re-engage the individual with further support and maintain them.

Based on the level of risk to the individual there may be circumstances where ADRS will opt to deliver OST to an individual in their own home.

Where individuals wish to enter Residential Rehabilitation, ADRS is currently working with Turning Point Scotland (TPS) to deliver on the residential rehabilitation pathway designed by the ADP. The assertive outreach liaison nurse will incorporate this role as part of the team and a Lead Practitioner will be employed by TPS to jointly support this work.

STANDARD 6 – THE SYSTEM THAT PROVIDES MAT IS PSYCHOLOGICALLY INFORMED (TIER 1); ROUTINELY DELIVERS EVIDENCE-BASED LOW INTENSITY PSYCHOLOGICAL INTERVENTIONS (TIER 2); AND SUPPORTS INDIVIDUALS TO GROW SOCIAL NETWORKS.

Standard 6 relates to staff training and delivery of low-level psychological interventions. Whilst a number of staff are already trained to deliver tier 1 and 2 interventions, several new staff

require training and support to fully deliver on the psychological interventions. Inverclyde ADRS is working with the Lead Psychologist and other GGC board wide ADRS partners to implement the Psychological Therapies Strategic Plan which involves updated training for the whole work force.

It is important to recognise that not everyone requires statutory support to receive psychological support and through ADP partners, lower level and universal support to promote health and wellbeing is widely available.

STANDARD 7: ALL PEOPLE HAVE THE OPTION OF MAT SHARED WITH PRIMARY CARE

There are a small number of shared care clinics within Primary Care, supported by ADRS for individuals stable on OST with minimised illicit drug use who have meaningful lives with their family and/or within the local community. Inverclyde ADRS is currently looking at test of change work around non-medical prescribing to increase capacity within primary care.

STANDARD 8: ALL PEOPLE HAVE ACCESS TO INDEPENDENT ADVOCACY AND SUPPORT FOR HOUSING, WELFARE, AND INCOME NEEDS

Inverclyde ADRS has close working links and joint reviews in place with the homeless service which also includes enhanced risk assessment, care planning and direct support to homeless staff as we provide support to individuals across both services.

The service has an Occupational Therapist (OT) within the multi-disciplinary team to support individuals develop skills to increase independence, access training and work opportunities, manage their accommodation and provide budgetary support. Good working links to welfare rights services has been long established to provide advice on financial matters.

A Resource Allocation Group is in place for commissioned supported living and the service is supporting the development of an employability project.

Independent Advocacy is commissioned by the HSCP which people with addictions can access. There are also a range of opportunities for people who use services and their families or significant others to have their views considered as part of their own treatment journey, as part of the service development or as part of the ADP strategic work.

STANDARD 9 – ALL PEOPLE WITH CO-OCCURRING DRUG USE AND MENTAL HEALTH DIFFICULTIES CAN RECEIVE MENTAL HEALTH CARE AT THE POINT OF MAT DELIVERY.

Inverclyde ADRS multidisciplinary team consists of Consultant Psychiatrists, Clinical Psychologist, Mental Health Nurses, Occupational Therapist, Social Workers and Social Care Drug and Alcohol Workers.

All new individuals to the service receive a holist assessment inclusive of mental health. ADRS staff are trained in suicide prevention and safety planning. Mental health nurses within ADRS provide low level anxiety management.

All individuals are currently reviewed by a psychiatrist at point of commencement of MAT, routinely in medical out-patient clinics and can be seen at short notice through the duty doctor system. Mental health nurses provide planned mental health assessment with the liaison nurses provide capacity when an urgent assessment is required. Board wide interface

guidance provides the framework for ADRS and CMHT to work in partnership, with onward referral to CMHT for those with severe and/or enduring mental illness.

Inverclyde is undertaking some test of change work with Health Improvement Scotland to look at the interface work between ADRS and Mental Health Services to determine where improvements can be made.

STANDARD 10 – ALL PEOPLE RECEIVE TRAUMA INFORMED CARE.

Inverclyde ADRS continues to work in line with the NHS GGC Psychological Therapies Strategic Plan which provides a refreshed training plan. This has commenced in early Spring 2023 with the launch of Safety and Stabilisation.

Inverclyde HSCP, Council and wider community partners are collaborating to be trauma informed organisations. Managers have completed Scottish Trauma Informed Leadership (STILT) Training designed to create the conditions within each service area to better meet this objective.

MAT STANDARDS 1-5 REPORTING BETWEEN DECEMBER 2022 – MARCH 20

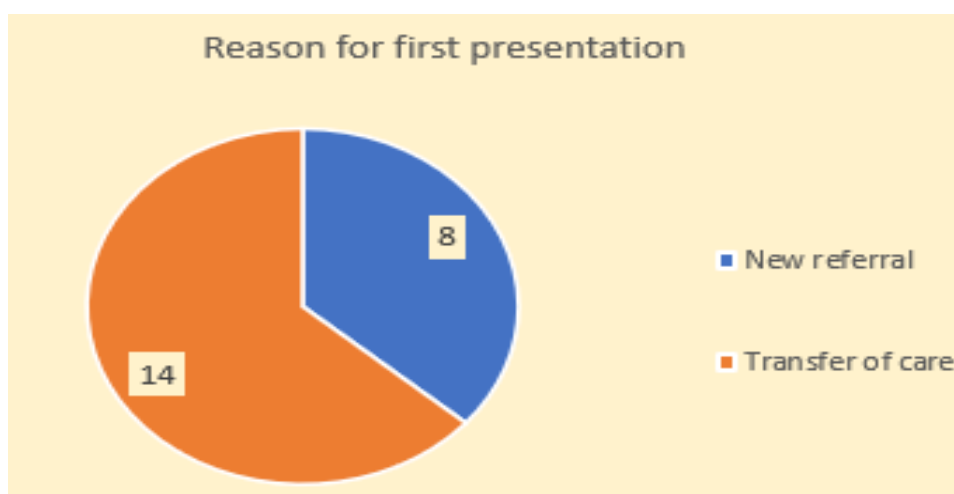
April 2023 was set by the Scottish Government for submission of evidence to demonstrate implementation and service delivery of MAT 1 – 5. This included:

- RAGB Assessment Process Evidence Submission Template
- Numerical Evidence
- Thematic Analysis of Experiential Interviews/Questionnaires
- MAT Standards Implementation Plan

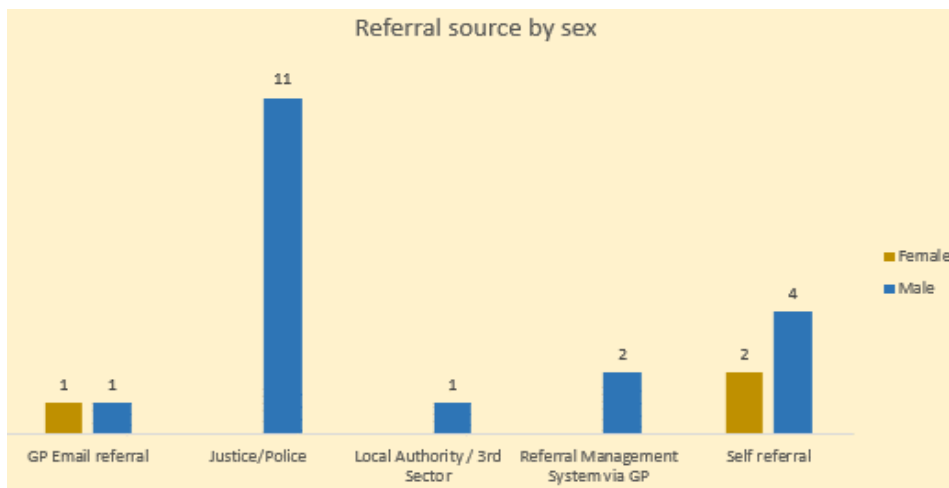
RAGB assessment process evidence submission template - 15 Standard Operating Procedures (SOP) for all process within ADRS relating to service delivery of MAT 1-5 were submitted as evidence.

Numerical Evidence - A range of numerical data from ADRS was requested as evidence of delivery of MAT 1-5. Specific time periods were requested for each standard.

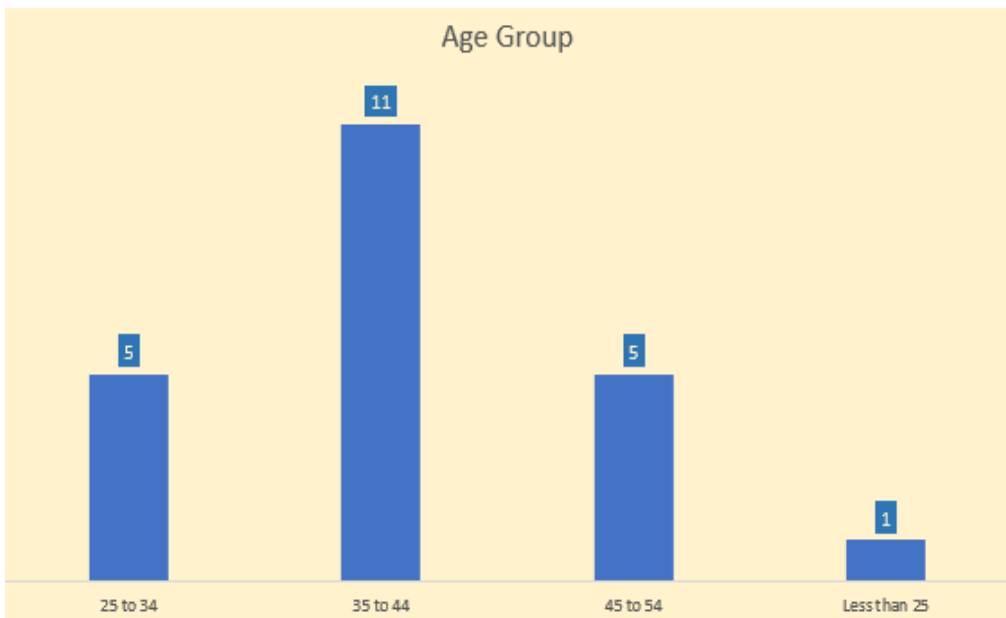
MAT 1 – All people commencing on MAT within the reporting period between Dec 2022 – Feb 2023.



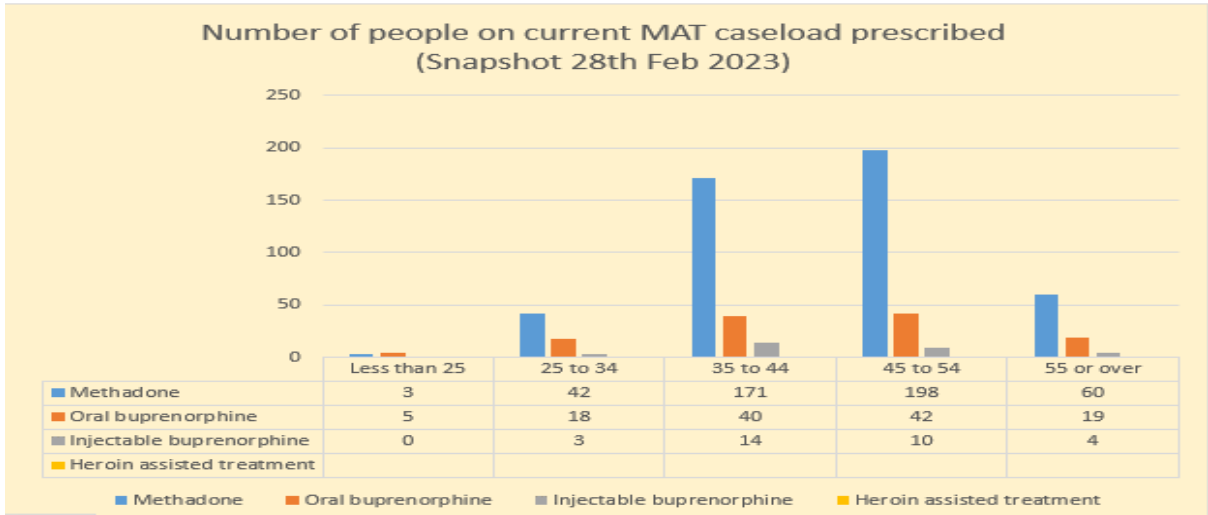
Referral source by sex



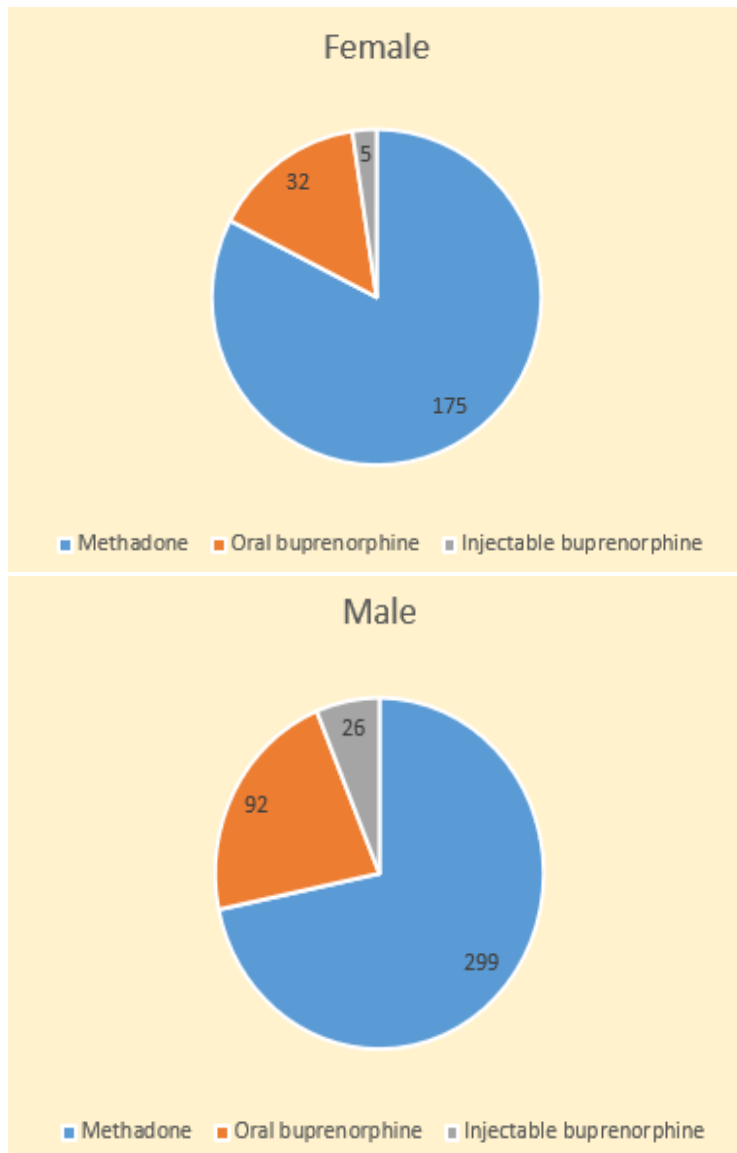
Age breakdown of those prescribed OST during the reporting period with the greatest number of people being aged between 35 – 44 years old.



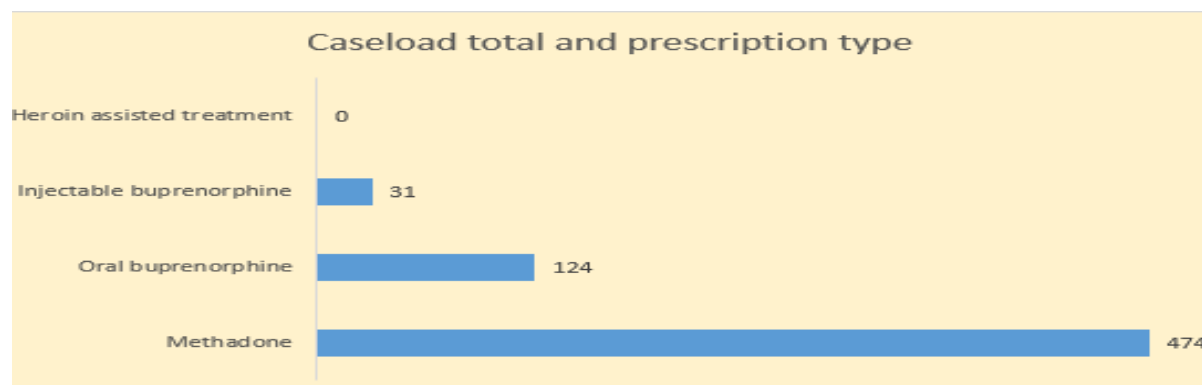
MAT 2 - Choice of OST medication offered by the service and number of people on MAT in Inverclyde at a specific moment in time, 28th September 2023 = 629 individuals .



Range of medication break down for male and female on MAT. There is a higher number of males in treatment. 299 in comparison to 175 females.



Evidence of choice of OST. Injectable buprenorphine is a relatively new choice in treatment so currently has the lowest number of people prescribed. However is this increasing.



MAT 3 – All people experiencing at high risk of drug related harm will be proactively supported to engage with or remain in treatment.

A total of 60 people receiving MAT were identified to have experienced a high-risk event during the identified period between 3rd Jan 2023 – 21st Feb 2023. All people were outreach to and supported by the addiction liaison outreach team within ADRS which is reported below as “NHS services”. Eight individuals received initial assessment from key workers within ADRS classed below as “local authority staff” prior to referral on to the liaison nurses.

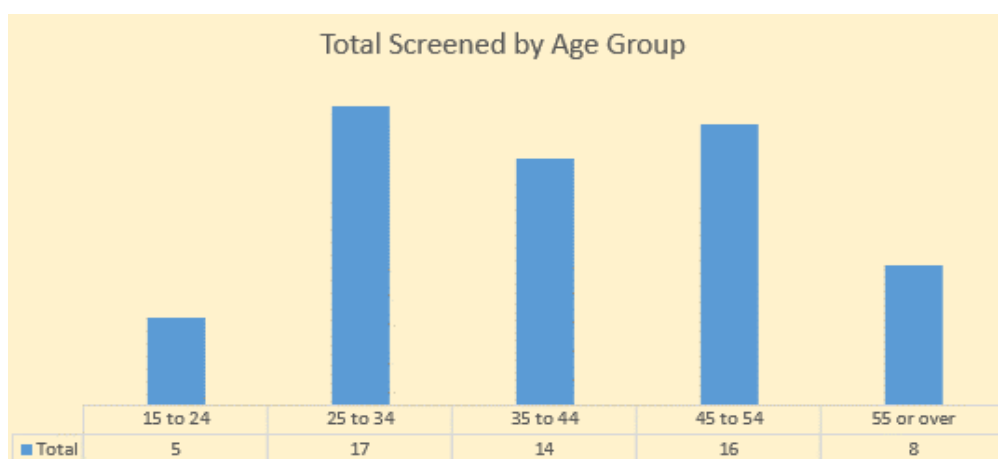
Initial assessment carried out by:	n	%
Local authority staff	8	13.3%
NHS and Local authority staff	0	0.0%
Joint NHS and 3rd sector	0	0.0%
NHS services	52	86.7%
Third sector	0	0.0%
Other	0	0.0%
Total	60	100.0%

Type of high-risk event identified. “Other” category identified as the highest and most common high-risk event which covers repeat ED presentations, acute hospital admissions, wellbeing concerns raised by other partners e.g., Police Scotland, adult concerns/welfare concerns via social work etc. Second highest event of which there was 10 individuals “disruption of current treatment” relates to people who have missed appointments with key workers or doctors within ADRS and those missing consecutive doses of OST at community pharmacies.

Type of high risk event	n	%
Disruption of current treatment/care	10	16.7%
NFOD-opioids	0	0.0%
NFOD-benzodiazepines	3	5.0%
NFOD-stimulants	0	0.0%
NFOD-mixed drugs	3	5.0%
NFOD-unknown substances	5	8.3%
Suicide attempt	3	5.0%
Prison release	2	3.3%
Unsupported discharge in previous 3 months	0	0.0%
Other	34	56.7%
Total	60	100.0%

Risk identified by and source of referred to addiction liaison assertive outreach team. With the highest number of referrals being 23. Which were identified by ADRS and recording for submission purposes as "other".

Risk event identified by whom (first contact)?	n	%
A&E	9	15.0%
GP	4	6.7%
Homeless services	0	0.0%
Housing practitioner	0	0.0%
NHS Specialist services	9	15.0%
Police	3	5.0%
Prison	1	1.7%
SAS	10	16.7%
Third sector drug use services	1	1.7%
Other	23	38.3%
Total	60	100.0%



High risk individuals identified by age group.

MAT 4 - Evidence relates to availability of harm reduction within ADRS. All harm reduction outlined within MAT is available for all people accessing the service during service delivery times. This includes;

- IEP
- Naloxone
- BBV testing provision
- Wound care

MAT 5 – Reporting period between the 2nd Dec 2022 to 15th March 2023. Looking at length of time people remain in treatment and discharged. There was no unsupported discharged from the service.

Age group	Number of people with a supported discharge from MAT after treatment for:					Total supported discharges
	1 to 30 days	31 to 90 days	91 to 180 days	181- to 365 days	More than 365 days	
Less than 25			1	1		2
25 to 34	1	1	1		1	4
35 to 44		1	1			2
45 to 54	1					1
55 or over	1				2	3
All ages	3	2	3	1	3	12

Age group	Percentage of people with a supported discharge from MAT after treatment for:				
	% 1 to 30 days	% 31 to 90 days	% 91 to 180 days	% 181 to 365 days	% More than 365 days
Less than 25	0.00	0.00	50.00	50.00	0.00
25 to 34	25.00	25.00	25.00	0.00	25.00
35 to 44	0.00	50.00	50.00	0.00	0.00
45 to 54	100.00	0.00	0.00	0.00	0.00
55 or over	33.33	0.00	0.00	0.00	66.67
All ages	25.00	16.67	25.00	8.33	25.00

Sex	Number of people with a supported discharge from MAT after treatment for:					Total supported discharges
	1 to 30 days	31 to 90 days	91 to 180 days	181- to 365 days	More than 365 days	
Male	3	1	3	1	2	10
Female		1			1	2
Non-binary						
Transgender						
Prefer not to say						
Intersex/DSD						
Not known						
All genders	3	2	3	1	3	12

THE BREAKDOWN OF THE 10 MAT STANDARDS AND STATUS ACHIEVED IS DETAILED WITHIN THE CHART BELOW AS OF MARCH 2023.

	MAT Standard	RAG Status at March 2023
1	All people accessing services have the option to start MAT from same day of presentation.	Provisional Green
2	All people make an informed choice on what medication to use for MAT and the most appropriate dose.	Green
3	All people at high risk of drug-related harm are proactively identified and offered support to commence or continue MAT.	Provisional Green
4	All people can access evidence-based harm reduction at the point of MAT delivery.	Provisional Green
5	All people receive support to remain in treatment for as long as requested.	Green
6	The system that provides MAT is psychologically informed (tier 1); routinely delivers evidence-based low intensity psychological interventions (tier 2); and supports individuals to grow social networks.	Amber
7	All people have the option of MAT shared with Primary Care.	Amber
8	All people have access to independent advocacy and support for housing, welfare, and income needs.	Amber
9	All people with co-occurring drug use and mental health difficulties can receive mental health care at the point of MAT delivery.	Provisional Amber
10	All people receive trauma informed care.	Provisional Amber

REDUCING DRUG RELATED DEATHS IN INVERCLYDE / DRUG DEATH REVIEW GROUP

In Scotland in 2022 there were 1,051 drug-related deaths, a decrease of 20.9% and a reduction on the previous number of deaths ever recorded. This is the lowest number recorded since 2017 across Scotland.

In NHS Greater Glasgow and Clyde there were 300 drug-related deaths, a decrease of 29.7% on 2021 and the lowest number since 2017, similar to Scotland.

In Inverclyde there were 29 drug-related deaths, an increase of 81.3%, however caution should be exercised when looking at smaller numbers. However, it should also be noted that this is a reversal of the decreasing trend noted last year and is more consistent with the 5-year rolling average of 26.

The IADP have a dedicated Drug Death Review Group (DDRG) which meets bi-monthly review drug deaths in Inverclyde. Representation on the group consists of; ADRS, Social Work

Services, Homelessness Team, Third sector support agencies and Police Scotland. The DDRG discuss missed opportunities and learning in relation to a person's death, and how we can work together to prevent and reduce drug deaths overall in Inverclyde moving forward.

The DDRG reports to the Drug Death Review Monitoring Group who report directly into the IADP Committee.

NALOXONE PROGRAMME 2022/23

Between April 2022 – March 2023 the IADP funded Naloxone Link Worker was responsible for the delivery of a highly successful Naloxone Training Programme.

Between April 2022 – March 2023 the Naloxone Programme; trained 337 people across a range of statutory services, third sector support services community representatives and members.

Between April 2022 – March 2023 a total of 417 Naloxone Prenoxad Kits issued across Inverclyde to; Your Voice, Recovery Hub, Jericho Society, Salvation Army and to those attending Naloxone Training.

ADVANCED PHARMACIST UPDATE – ADP FUNDED POST

The role of pharmacy within drug and alcohol services is vital. There is a high level of complexity within safe prescribing for individuals who consume street drugs and alcohol.

The role of the Advanced Pharmacist has been to develop practice among medical practitioners and prescribers, support the roll out of Naloxone and deliver a pharmacy led clinic for patients on prescribed opioids. Of the 59 patients reviewed within the clinic 54% had their pain medicine stopped, dose reduced or were in the process of stopping.

The pharmacist ran an awareness session within two GP Practices regarding the prescribing and prescription management of opioids which contributed to revised prescribing guidelines across GGC and Inverclyde HSCP.

During 2022/2023 work was undertaken by the pharmacist to further develop links with partners across the sector.

REDUCING ALCOHOL RELATED DEATHS IN INVERCLYDE / ALCOHOL DEATH REVIEW GROUP

There were 28 alcohol-specific deaths in 2022 in Inverclyde, representing an increase of 18.7% (2 deaths) on 2021 (26 deaths). Inverclyde saw an increase in the number of alcohol deaths between 2018 and 2019 and this continued to rise in 2020 before decreasing in 2021.

Inverclyde has the highest local authority alcohol-specific death rate in Scotland at 32.8 per 100,000 population. The moving average for Inverclyde highlights long-term trends whilst smoothing out year on year fluctuations. There has been an overall downward trend in alcohol specific deaths in Inverclyde, however from 2012-2016 to 2018-2022 the moving average has increased upward and closer monitoring will be required to assess if this is sustained over the next few years.

An Alcohol Related Death Review Group (ARDRG) is being specifically introduced in Inverclyde to tackle the rise in Alcohol related deaths. This Review Group will report to the Alcohol and Drug Death Monitoring Group and will focus on missed opportunities and

learning in relation to a person's death, and how we can work together to prevent and reduce alcohol related deaths overall in Inverclyde moving forward.

YOUR VOICE - RECOVERY COMMUNITY/HUB

Your Voice were awarded IADP funds as part of a consortium bid with Moving On, to develop a wide Recovery Community across Inverclyde that includes personalised support for people with Alcohol and Drug dependency issues. Your Voice are the lead partnership within the commission with a local partnership agreement in place with Moving On in terms of the delivery of the commissioned work.

The funding allowed for Your Voice to; establish a Recovery Community Hub which is open 7 days a week, develop peer led, person centred recovery initiatives, Recovery Café's across Inverclyde, drop-ins, and support groups. our Voice also chair the lived experience network within their role as commissioned partner.

The work within the Recovery Hub is driven forward by staff who each have lived experience – this approach is driven by the Rights, Respect and Recovery National Framework.

Referrals to Your Voice are made through a range of avenues, namely, assertive outreach through the team at Your Voice, 3rd sector partnership referrals, family members, HSCP departments.

The work of Your Voice Recovery Hubs was delivered through the main base in Clyde Square however a range of community resources across Inverclyde have been developed to ensure there is full access across Inverclyde. The Recovery Community offer individuals in recovery the opportunity to develop supportive recovery frameworks based on a range of activities including gardening, outdoor pursuits, access to gym and leisure facilities. They have built a strong partnership with the Beacon Arts Centre with film making, photography and painting and drawing becoming regular features.

During the period April 2022 to March 2023 the Recovery Hubs have delivered peer support to 309 people, have held 108 group sessions and run 298 drop-in sessions.

YOUR VOICE – RECOVERY COMMUNITY HUB CASE STUDY

Marie – Not real Name for Confidentiality In early February 2022 RDC was contacted by a staff member for Salvation Army- she had said she picked up one of our brochures and saw that there was lots going on and could she have a chat about her service user.

After speaking through some of the young ladies' issues- occasional drug use, Bereavement - Isolation- self Harming- I asked her if she would be willing to come in and meet up in the recovery hub. Marie came in and was so shy, Hood covered her Hat and face, Marie knew that it was a recovery community and no one should come under the influence, she started to come along to the sat drop in, then after a couple of weeks decided to come to the women's group, after another 2 weeks into march it was International women's day- staff had put together a pamper day – Marie came in and actually said to her worker for the first time, (you don't need to stay with me now –I trust them This was a change for Marie as she has not needed her worker to come along with her.

Marie has been drawing sketches of recovery – and has made a Logo for us she has also drawn some art Marie did not like to go to the recovery café as she did not like the fact that

some people who attended were gossiping!! And because of that, we had a meeting to discuss gossip- Marie was happy -- As a result she drew up a poster and people are becoming aware of how damaging gossip can be.

Then she began to volunteer – Last week, completed her volunteer training asked if she can put on an Art Class to show others how to draw. The first class was Saturday and 4 people from the drop in joined in. This young lady has grown, emotionally, physically, and spiritually since she started to attend the recovery community hub and cafés.

Marie also said she has not had any drugs since International women's day 8th March 2022 - what a difference in 5 Months.



Images provided by: Your Voice Website

MOVING ON – EARLY INTERVENTION WITHIN RECOVERY

Moving On Inverclyde were awarded IADP funds as part of a Consortium bid with Your Voice, to deliver Early Intervention services for the Recovery Community Service in Inverclyde for the period of April 2022 to March 2023.

The funding allowed for Moving On Inverclyde to fund 3.5 staff positions to deliver Early Intervention support, through a blend of information sessions, assessments, one to one support, key working (all including Recovery Action Plan and Recovery Outcome Web scoring and review) and group delivery. They were able to refer to relevant agencies for guidance and advice for personal needs such as financial support, housing, benefits, and general wellbeing needs.

Moving On refer individuals to ADRS for support should it be required and/or necessary, and a joint support package is often in place whilst someone is receiving medications with agreed sharing of information with permissions.

On completion of Early Intervention phase, service users are then encouraged to access the support services through Your Voice Recovery Hub for the next phase of their recovery journey.

Overall, and during the one-year period April 2022 – March 2023, Moving On supported a total of 195 people through Early Intervention support having received 289 referrals in total.

- On average - 25 individuals accessed Phase 1 per month
- On average - 15 individuals accessed Phase 2 per month
- On average - 4 individuals accessed one to one support per month
- On average – 120 keywork sessions were completed per month

MOVING ON - EARLY INTERVENTION CASE STUDY (1)

Background: E (age 70) was referred to Moving On by ADRS in October 2022. E was referred for Relapse Prevention Interventions. E is still engaging with ADRS but is also accessing Moving on for additional psychosocial support. E had a history of binge drinking which had escalated during lockdown leading to social isolation and loneliness.

The work and support undertaken: E attends Moving On for weekly one to one support sessions. E and her keyworker focus on strategies to maintain abstinence as well as looking at strategies to reduce her anxiety. E stated she prefers to work in a one-to-one setting as she struggles in a group environment. Consequently, she is working through Phase 2 group content with her worker. E stated due to attending she has recognised how she need to set and achieve realistic goals to improve her motivation. Moreover, she recognises that she needs to get out her comfort zone in order to improve her social connections. Consequently, E has attended various community activities including Community Learning Development.

Interventions: E agreed to access auricular acupuncture sessions two times per week as well as accessing her one-to-one support sessions. Likewise, E and her keyworker identified various community activities that she was subsequently referred/signposted to.

E stated that she is benefitting from accessing Moving On and that she has greater awareness of her triggers.

“By keeping a substance use diary I can see that certain days of the week when I have no social contact is a trigger for me to drink alcohol. I'm also aware that having alcohol in the house to offer visitors is not an option for me as I end up drinking”.

Additionally, E mentions that having structure and routine to her week has helped increase her motivation to achieve tasks that she had been putting off.

“Having a reason to get up and leave the house makes me motivated to do other things that I would put off otherwise. I meet with friends for coffee instead of hiding away at home.”

E commented that her confidence is slowly improving, and she is less anxious about being around other people.

“Coming to acu-puncture and chatting with some of the other Service Users has been good for me. I get to hear about their experiences and what helps their recovery. I feel comfortable chatting about my own issues, and I don’t feel judged. I’m also attending a couple of community activities which is something I haven’t done since lockdown.”

MOVING ON - CASE STUDY (2)

Caroline (57) was referred to Moving On via an IADRS (Inverclyde’s Alcohol and Drug Recovery Service) allocations meeting. Caroline had a history of problematic alcohol issues spanning over 30 years. Caroline’s referral stated that she had periods of binge drinking which had increased during lockdown. Caroline reported that because of her drinking she had experienced, social isolation, poor emotional health, and financial issues. Caroline had previously accessed Moving On in 2017 and felt that she would benefit from re-engaging with the service.

Consequently, Caroline was referred to Moving On for coping strategies for relapse prevention and to gain structure and routine.

Caroline accessed Moving On in April 2022 and whilst completing her individualised Recovery Action Plan she identified that she wanted to maintain abstinence with the goal of accessing community activities and volunteering.

Caroline initially agreed to attend Phase 1 accessing one to one key working appointments to work on Relapse Prevention and anxiety management. In collaboration with her worker Caroline focused on identifying her triggers (loneliness, low mood, and interpersonal conflict) and learning strategies to overcome cravings and urges. Likewise, Caroline worked on anxiety management techniques to help her cope with her anxiety better.

After six weeks attending one to one sessions Caroline stated she felt confident enough to access Phase 2 psychosocial group sessions. Caroline attended Phase 2 for 9 weeks. However, during this period Caroline had a lapse. Caroline met with her keyworker focusing on identifying what had triggered her to buy alcohol. Caroline identified that stress about her finances had been the source of her lapse. As a result, Caroline’s worker referred her to Financial Fitness for support. Caroline also stated that she had used the information she had learned in the group sessions in her response to her lapse.

“I remembered the group conversation stating that a lapse did not need to become a full-blown relapse. The Stages of Change group mentioned that lapses happen but that I can get back on track and learn from it. I also used the information about the Ways of Thinking group about not catastrophising my mistakes because this could result in my continued alcohol use.”

Caroline recently completed Phase 3 group sessions which involved meeting numerous services including Your Voice Recovery Team, Inverclyde Shed, Stepwell, Financial Fitness, Fair Start, CLD and various community centers. As a result of the community connections and visits to other services in this phase she is now attending Stepwell, Inverclyde Shed and plans to access the ladies only AA meeting in the Recovery Hub. Caroline commented:

“Meeting with staff from other agencies and services either at Moving On or in their venues helped my anxiety about engaging with them. It was not so nerve-racking attending when you had a friendly contact you had already met.”

Caroline remains abstinent and is now accessing Phase 4: Post Programme Support and still attends Yoga, SMART Recovery at Moving On. In addition, Caroline attends Morton games with her nieces through tickets gifted to Moving On via Morton FC sponsors. Moreover, she is currently volunteering in the IRH befriending patients who have no families to visit them. Caroline also attends a local art class which was something she enjoyed doing before lockdown. Caroline commented this continued aftercare gives her peace of mind that she still has support as she moves on with her recovery and her life.

Caroline reports that her confidence has improved, and she is doing things she previously enjoyed.

"I feel like I am back to being me again. I am doing all the things I enjoyed, and I do not feel so lonely anymore. I am feeling more positive emotionally and my physical health is improving. I have greater self-awareness of my triggers and I am more confident about asking for support from staff and peers if I am struggling."

SCOTTISH FAMILIES AFFECTED BY DRUGS & ALCOHOL (SFADA)

Scottish Families affected by Drugs and Alcohol were commissioned by the IADP between April 22 – March 23 to deliver Inverclyde's Family Support service (which was originally launched in November 2020).

The IADP contributions cover costs for a Family Support Development Officer and Family Support Assistant. SFADA offer a range of support services in Inverclyde:

- One-to-One Support
- Group Support
- CRAFT (Community Reinforcement Approach & Family Training)
- Access to Naloxone
- Support to Access Bereavement Counselling

Inverclyde FSS had 65 new referrals (Apr-22 – Mar-23) and at end of March 23 had an active caseload of 106 family members, reflecting support provided is not time limited and that family members who had been referred to the service before Apr-22 continued to be supported through Apr-22 – Mar-23.

A service evaluation was carried out in June 2022 and December 2022 by SFADA with a range of people partaking in the service, with impact of the service demonstrating the following outcomes in response to the following question:

Have your personal/family circumstances improved as a result of the support you have received from Inverclyde Family Support Service?

'The peer support group is very supportive. I really look forward to attending the meetings. Knowing I'm not the only parent in Inverclyde going through this misery helps me feel less alone. Daryl's one to one support is very very valuable. He's always there with support, genuine empathy and care. He knows exactly what it's like to be the parent of a child with addiction issues. I trust him implicitly and I don't trust very many people.' - Family Member, June 22.

'You realise you're not alone everyone is so supportive.' - Family Member, June 22.

'My peace of mind has improved, knowing I'm not the one causing my husband's alcoholism.' - Family Member, June 22.

'Dramatic improvements at home due to change in me. My knowledge about drug addiction, my rights and that of my son have all increased. I now know lots about service provision. I have completed CRAFT training and can now communicate much better with my son. I have a social life through peer support.'

Family Member, Dec 22.

'It made me a stronger person and helps me to cope with bad days.'

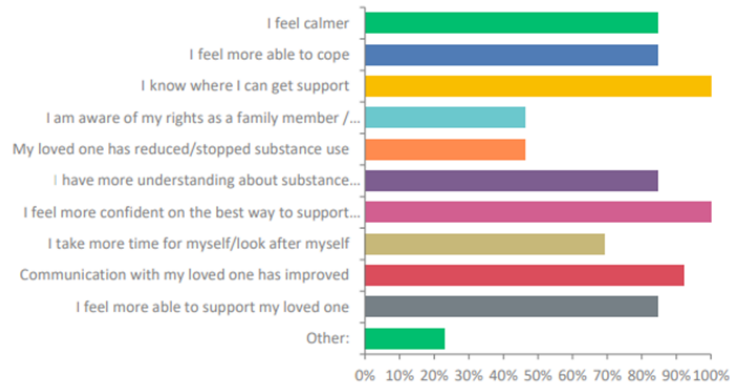
Family Member, Dec 22

'We have a more constructive relationship with our son since completing the CRAFT course.' -

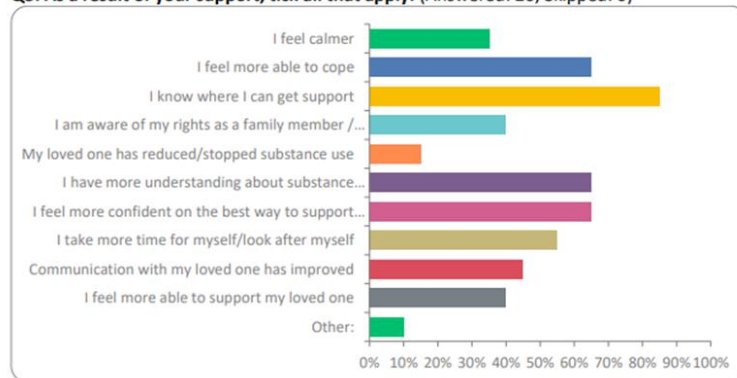
Family Member, Dec 22.

In both June 2022 and December 2022 Family Members were asked 'What the results were for them from taking part in the Family Support Services with SFADA? The charts below demonstrate the response from both June and December:

Q3: As a result of your support, tick all that apply: (Answered: 13; Skipped: 0)



Q3: As a result of your support, tick all that apply: (Answered: 20; Skipped: 0)



The work carried out by Scottish Families Affected by Drugs and Alcohol can be viewed through this [video link](#).

JERICO SOCIETY INVERCLYDE

In 2022 a grant was given by the IADP to Inverclyde's Jericho Society for required improvements within the male and female houses.

'Improving the environment for our residents has been crucial in matching the raising of their esteem, with them feeling thoroughly valued in having new furniture and freshly decorated communal areas'. - Michael Trail, Jericho Society.



Images: Provided by Jericho Society

RECOVERY DEVELOPMENT GROUP / IADP EVENTS 2022

The IADP Recovery Development Group (RDG) are the driving force behind planning, developing and delivering events, programmes and initiatives in Inverclyde. The work taken forward by the RDG support and celebrate those who are in Recovery, and also focuses on establishing a connection with hard-to-reach individuals who haven't entered into support services thus far.

Wednesday 31st August 2022 marked International Overdose Awareness Day, where partners from across IADP were involved in hosting a range of awareness events.

Members including ADRS, Jericho, The Salvation Army, Moving On and Your Voice Recovery Hub all played host to range of awareness and promotional events within their venues to engage with communities and promote services on offer to support people in their recovery from alcohol and or drug misuse.

Centrally at Clyde Square a commemorative ceremony was held for those who have lost their life as a mark of respect. Members of Jericho who have lived experience also shared their stories with the crowds to raise awareness and demonstrate strength in recovery.



Image: Provided by Your Voice, ADP Events 2022/23

Throughout the month of September 2022, a wide range of events and programmes took place to celebrate Recovery Month in Inverclyde and raise awareness of addiction and challenge stigma around it.

The varied programme in 2022 included; Recovery Vigil in Partnership with Teen Challenge and Scottish Families affected by drugs and Alcohol; Football Tournament, hosted by Jericho House which seen all range of support services, service users and statutory support staff participate; local recovery walks across Inverclyde; attendance from local services and service users at the National Recovery Walk in Paisley; Stigma and Kindness Workshops in partnership with CVS and SFAAD; TEA in the Park, a music event which drew over 200 people together to celebrate those who are in Recovery in Inverclyde; a sell-out play by Jericho Women's Group; and a Recovery Art Exhibition in partnership with CVS and The Beacon Arts Centre which was part of the Culture Collective programme, empowering people in recovery to make a movie and capture images around the theme 'recovery and connection'.





Image: Provided by Your Voice, ADP Events 2022/23

COMMUNITY JUSTICE PARTNERSHIP

The IADP funded the Community Justice Partnership to recruit a Criminal Justice Support Worker, this person commenced post in January 2023.

After a period of induction, the Criminal Justice Support Worker has since been providing effective case management of individuals within the Justice System experiencing alcohol and drug issues who are subject of statutory Orders/Licences and/or Bail Supervision and other court/early intervention criminal justice options.

During the initial period of learning about the specific addiction needs in Inverclyde, the Criminal Justice Support Worker spent time visiting and networking with other Alcohol and Drug Partnership Services. The Criminal Justice Support Worker then began undertaking assessments and preparing reports on individuals in connection with the management of their statutory Orders and/or early interventions. Working alongside other members of the Criminal Justice Team, the Criminal Justice Support Worker has been able to effectively respond to risk and needs, whilst bringing specialist advice, guidance (in relation to Alcohol and Drug needs and services) and assistance to other staff members and to individuals who are the subject of statutory Orders. Importantly, this advice, guidance and assistance has

been provided during time critical periods in relation to the Recovery journey of individuals subject to statutory Orders/early interventions in the criminal justice system.

A weekly clinic has also been developed in relation to individuals subject to Bail Supervision and other early interventions. This involves the Criminal Justice Support Worker screening all individuals subject to new Bail Supervision requirements to assess their alcohol and/or drug needs. The Criminal Justice Support Worker then develops and delivers interventions to support Recovery and desistance, which includes liaising with other Alcohol and Drug Partnership Services to ensure the most appropriate level of service is provided to individuals in the Criminal Justice System.

An update progress report will be submitted by the Community Justice Partnership to the IADP at the start of 2024 for the ADP Committee's attention, a full evaluation report will be made available within next years Annual Report.

PREVENTION AND EDUCATION WORKING GROUP

The Substance Use Prevention and Education Working Group (P&E) sit as part of the IADP governance structure. There is a wide variety of work being carried out across the area by a multitude of partner agencies who are working within the priority areas of the ADP and the [Alcohol and Drugs Prevention Framework](#), produced by NHS GGC in 2021.

In addition to this, the Tobacco PIG Local delivery Plans require local co-ordination, development and implementation. The P&E working group created a structure to harness this work, evaluate its impact and capture the learning from the various stakeholders involved to enable us to get a sense of the scale of activity and achievements in the field of prevention, education and early intervention.

The 4 key action plan areas for 2022/23 were:

1. Re-establish Alcohol Brief Interventions.
2. Review substance use content of the PSE curriculum in schools.
3. Implement the revised Substance Misuse Toolkit in schools.
4. Develop harm reduction approaches for communities.

The outcome of the work taken forward by the P&E working group in 2022/23 led to the following outcomes being met:

Action plan area 1 to re-establish Alcohol Brief Interventions (ABI) activity had resulted in 1 training session being completed with Turning Point staff in the latter part of Q3. ABI data from Turing Point will now be reported for quarterly submission to NHS GGC from Q4. Discussions are in progress with ADRS Outreach Service to complement ABI work and data monitoring with a view to submitting relevant data from ADRS as part of our local reporting. Further staff groups for training will be identified and training provided in a phased approach.

Action plan area 2 to review substance use content of the PSE curriculum in schools is ongoing and will be incorporated into the schools PSE network and as part of the education health and wellbeing plan implementation. Young people have also contributed to this via Clyde Conversations and the results of this will be incorporated into the wider review. In addition, the results of the recent national school's census conducted in Q3 will be considered and any recommendations regarding substance education will be included where appropriate.

Action plan area 3 to implement the revised Substance Misuse Toolkit in schools is underway. Renfrewshire HSCP led on this on behalf of NHS GGC and commissioned I Am Me to co-produce the toolkit with young people. This has resulted in the production of Alcohol and Substance Awareness Education Resources, an updated suite of online resources, videos, and lesson plans that are now available to all schools and organisations in Inverclyde who work with young people to facilitate age and stage appropriate substance use education. Communication of the availability of this package is ongoing.

Building on from action 3 - ADP underspend money has been allocated to commence a one year project that will focus on early intervention and prevention around alcohol and drugs. The aim of the project is to establish a model to reduce the prevalence and impact of substance use and its related issues in both schools and communities. Work is underway to develop a project plan and to recruit staff who will have responsibility for the implementation of the project.

Action Plan area 4 to develop harm reduction approaches for communities continues to be progressed in partnership with both Public Health Scotland and NHS GGC. Inverclyde is involved in 2 national groups and one health board wide group on harm prevention that will inform a national consensus on harm prevention messages and developments for young people.

TURNING POINT SCOTLAND (EARLY HELP IN POLICE CUSTODY)

The Early Help in Police Custody Service started on the 18th of April 2022, operating from the same premises as the Greater Glasgow and Clyde Overdose Response Team in Greenock. It covers the same shift pattern, seven days a week, 10 am to 10 pm, including Bank Holidays. The staff work flexible hours, including evenings and weekends, to meet the needs of the people the service support.

One excellent example of the current outreach model based on a 12-hour shift is visiting people in their homes after their curfew hours when support is rarely available. The team provides harm reduction interventions, Naloxone kits, IEP, and wrap-around support when the clients are in their environment, which can be a TFF, a homeless service or their tenancy.

The team's primary goal is to engage with people at an early point in their journey through the justice system. Therefore, the primary focus of the project is to engage with people inside Greenock Police Custody, which is the third largest custody unit in Scotland, with 57 cells and a very high turnover of prisoners.

Other aims of the EHPC service are:

- support people in understanding what their journey could look like and to successfully navigate the justice system.
- Offering early help to people at highest risk of drug related death who are experiencing a range of complex needs.
- With the contribution of Peer Navigators, reinforce a sense of hope in recovery and positive change.
- To contribute to an overall assessment and help identify early routes out of the justice system (e.g., increased uptake of diversion)

- To provide harm reduction information and advice (including Naloxone distribution) to keep people safe and reduce and prevent drug-related deaths.
- To give a short, focused period of support to link people into appropriate mainstream services assertively successfully.

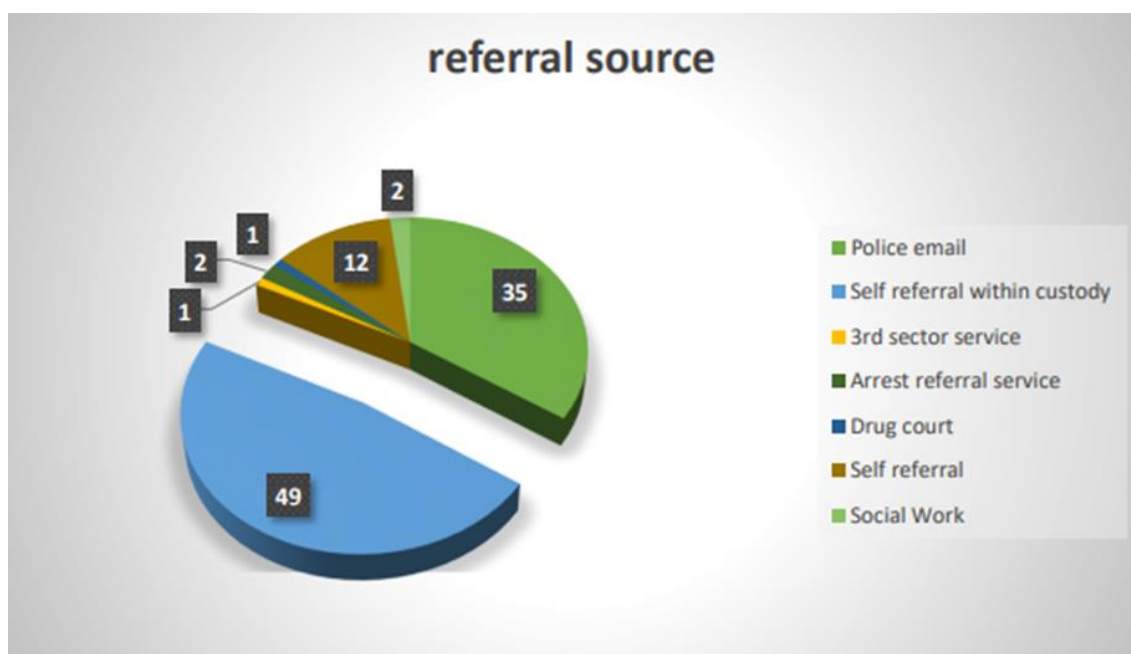
Offering early help directly in police custody to people at the highest risk of drug-related death experiencing complex needs can make a significant difference. Scotland has been experiencing an increasing number of drug-related deaths in recent years, and addressing this issue requires a comprehensive approach that includes early intervention.

When someone is taken into police custody, they are often at a vulnerable stage and may be more receptive to receiving help and support. By addressing the underlying issues that may have contributed to their drug use, individuals are better equipped to overcome their problematic and high-risk drug use and reduce their risk of reoffending in the long term.

Moreover, police custody can be a crucial moment to provide information and education about the risks associated with drug use and options for seeking how to engage with support, MAT and recovery. The Early Help in Custody team always provides all the available information on drug treatment options. In addition, it supports individuals to engage with the mainstream statutory and third-sector recovery services, from recovery cafes to, when possible, entering rehab.

SERVICE DATA ANALYSIS 18TH OF APRIL 2022- 18TH OF APRIL 2023

- There was a total of 102 referrals across the service this period.
- On average there were 2 days from the first contact to community engagement.
- 256 hours of out of hours in person interventions were delivered during this time.



42 of the referrals made during this time in custody were Inverclyde residents, the remaining 60 were from across Glasgow and the West.

The service and engagement carried out by the team during this period with people within custody from Inverclyde was as follows:

- Alcohol Brief Intervention – 0
- Court Support – 14
- Criminal Justice Advice & Information – 18
- Criminal Justice Support - 10
- DWP Assistance – 9
- Harm reduction advice - 41
- IEP - 1
- Initial Contact – 81
- MAT- Referral Made - 6
- MAT- Started Treatment - 7
- Overdose Awareness - 54
- Partnership Contact - 107
- Referral to Other Agencies - 114
- Wellbeing Check – 179

As part of the Learning Cycle, the team is working on learning and putting into practice a story telling process which involves interviewing clients and producing a story to best underline the impact that the service has on their experience of the support the early Help in Custody provides.

This process is currently ongoing, and these below are some of the quotes collected by the team from clients:

'I remember meeting you in custody, Thanks for coming out so see how I am getting on!'

'You have helped with so many different things its brilliant, I couldn't do it all on my own.'

'I think meeting people in custody really makes a difference, I get nervous meeting new people and attending appointments but because I met you in custody, I don't feel that way this time.'

EHPC – CASE STUDY, SUCCESSFUL INTERVENTION

A client was held in custody and charged with domestic assault. He was referred to the service by a police officer within the custody team in the police station. The reason for this referral was that the client disclosed he uses drugs and alcohol and was not linked in with any support services.

The Peer Navigator contacted the client and introduced themselves and explained what the service provides and how the team could support him through his criminal justice journey and also support him to access the appropriate services.

The client appeared keen to meet with the Peer Navigator to discuss how the service could support him; arrangements were made to meet with him in person. The Peer Navigator and Lead Practitioner met with him at the agreed time and place. The Peer Navigator explained in detail how the service works and how the team could support him.

The person stated that they did not require any support with regards to his drug and alcohol use as he felt this was not a problem for him at this time. However, stated he will need support with his criminal justice as he had an outstanding case to appear at court and he had no legal representation. The Peer Navigator provided reassurance to the client that they will be able to support him and also gave him the choice where and when to meet so he would feel more comfortable.

He appeared anxious and nervous at the first meeting. He was talking very fast and appeared to not being able to focus on one thing at a time. The Peer Navigator spoke calmly and clearly for which appeared to slow the conversation down and the client was then more focused on one subject at a time. This made it easier to identify what his needs were and how the service could support him.

The client stated he was worried about his upcoming court case and also frustrated with regards to his bail conditions as he was not permitted to be in contact with his partner for whom he had resolved the previous issues with. The client also stated he was worried as he has not accessed a solicitor to represent him at court. He also described his drug and alcohol use for which he stated he did not require any support to manage as he felt this is not problematic.

The Peer Navigator explained how they could support him to access solicitor and support him through the whole criminal justice process. The client stated he was pleased as he was unsure of the process and concerned how his situation is impacting on his mental health. The client engaged with the service very well throughout his criminal justice journey. The whole team supported him to access a solicitor to represent him in court.

The team also supported him to all his court appearances and explained the process and provided him with any other relevant information to help lower his anxiety. The Peer Navigator and Lead Practitioner built a positive relationship with the client the more he engaged with the service and developed a mutual trust. The rapport developed between the individual and the Peer Navigator was a contributing factor of his ability to disclose a more accurate account of his more problematic drug and alcohol use.

The team supported him to access addiction services and also housing services as these were identified by himself as a support need. The service was also able to extend his support due to having the flexibility as his court date had been postponed. This enabled the Lead Practitioner and Peer Navigator to support him through his whole criminal justice journey and also to support him to access mainstream long-term services to meet his needs in relation to his drug and alcohol use.

TURNING POINT SCOTLAND (GREATER GLASGOW CLYDE, OVERDOSE RESPONSE TEAM)

The Scottish Government Drugs Deaths Taskforce was established in July 2019 to tackle the rising number of drug deaths in Scotland. The primary role of the taskforce is to co-ordinate and drive action to improve the health outcomes for people who use drugs, reducing the risk of harm and death.

Much of the task force activity will be longer term in nature. There is a need, however, to take immediate steps to help avert the unprecedented trend of drug deaths in Scotland. This will involve tests of change intended to develop specific impact evidence and inform Task

Force recommendations for national adoption. To support the work of the task force, a group of frontline workers from a range of organisations operating in the Glasgow area was convened and put forward a proposal to complement current provision to directly address key gaps and vulnerabilities which were identified as:

- The absence of 'out of hours' provision;
- The absence of persistent and assertive 'wrap around' care at point of crisis;
- The inconsistency of intervention and follow-up care after near fatal overdose.

The Turning Point Scotland were commissioned as a joint service with other ADP'S in the Greater Glasgow Area. Turning Point provides a rapid response to near-fatal overdose (NFO) providing a short, focused period of support to each person and assertively engaging them with mainstream alcohol and other drug services. Evidence tells us that prior non-fatal drug overdoses are predictive of subsequent fatal drug overdoses (64% of people who died as a result of drug overdose had experienced 5 or more previous non-fatal overdoses). Current figures suggest there are at least 55 such incidents per month within Glasgow City Centre. Early and effective intervention can therefore prevent drug related deaths.

The Overdose Response Teams' aims and objectives are to:

- Reduce and prevent drug related deaths caused by fatal overdose.
- Improve information and understanding of the extent of non-fatal drug overdose, identify barriers to engagement with services, and inform system change that works for people not services.
- Provide rapid response to near-fatal overdose which provides harm reduction interventions and advice.
- Give a short, focused period of support maintaining contact through assertive outreach.
- Improve access and engagement to healthcare and support services through assertive outreach and linkage.
- Target people in localities and communities recognising that most drug related deaths occur when people are at home, alone.

Through assertive outreach in the community the ORT Harm Reduction Practitioner (HRP) will then find and engage with the individual that has experienced an overdose with the aim of reaching them within a short period of time. The services is available out-of-hours until 10pm during the week, and over the weekend.

"I got released from hospital for drug-induced psychosis. I had severe paranoia, I was on a different planet, totally gone and didn't want to even leave the house. Everything was gone. I was linked in with them after my near fatal overdose."

(Donald, Service User)

An interim report was produced in May 2022 for the CORRA Funded project, with a final evaluation report due at the end of project. At the point of the interim report being produced work across the Greater Glasgow Area had only been up and running for a 4-month period. A full impact report will be produced for the ADP Committee in due course.

RESIDENTIAL REHABILITATION PATHWAYS

CORRA funding of £299,991 was secured for service in March 2022. Funding was for three-year project to fund Senior Band 6 Nurse, Advanced Practitioner and Part Time administrator.

Throughout 2022/23 steering group has been created which has been overseeing development of this service. The service will be a partnership between ADRS who will provide the senior nurse post and Turning point who will provide the advanced practitioner and administrator.

The project has been hit with some delays, so posts were not started 2022/23. The plan is to start the project in 2023/24 with a plan for the senior nurse, who will be seconded through ADRS to start in April 2023 with the other staff members to begin later in 2023/24.

END



Inverclyde
IADP
Alcohol & Drugs Partnership

Take Home Naloxone and Overdose
Awareness Training
Your Voice Recovery Hub
8th December 2022

Inverclyde
IADP
Alcohol & Drugs Partnership

Alcohol and Drug Partnership (ADP) Annual Reporting Survey: 2022/23

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 **during the financial year 2022/23**. This will not reflect the totality of your work but will cover those areas where you do not already report progress nationally through other means.

The survey is primarily composed of single option and multiple-choice questions, but we want to emphasise that the options provided are for ease of completion and it is not expected that every ADP will have all of these in place. We have also included open text questions where you can share more detail.

We do not expect you to go out to services in order 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 at an ADP level.

We are aware of some element of duplication with regards to questions relating to MAT Standards and services for children and young people. To mitigate this, we've reviewed the relevant questions in this survey and determined the ones that absolutely need to be included in order to evidence progress against the national mission in the long-term. While some of the data we are now asking for may appear to have been supplied through other means, this was not in a form that allows for consistently tracking change over time.

The data collected will be used to better understand the challenges and opportunities at the local level and the findings will be used to help inform the following:

- The monitoring of the National Mission;
- The work of a number of national groups including the Whole Family Approach Group, the Public Health Surveillance Group and the Residential Rehabilitation Working Group, amongst others; and
- The priority areas of work for national organisations which support local delivery.

The data will be analysed and findings will be published at an aggregate level as [Official Statistics](#) on the Scottish Government website. All data will be shared with Public Health Scotland to inform drug and alcohol policy monitoring and evaluation, and excerpts and/or summary data 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 and so we would encourage you to publish your return.

The deadline for returns is Tuesday 27th June 2023. Your submission should be signed off by the ADP and the IJB, with confirmation of this required at the end of the questionnaire. We are aware that there is variation in the timings of IJB meetings so please let us know if this will be an issue.

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

Q1) Which Alcohol and Drug Partnership (ADP) do you represent?
[single option, drop-down menu]

Inverclyde ADP

Q2) Which groups or structures were in place **at an ADP level** to inform surveillance and monitoring of alcohol and drug harms or deaths? (select all that apply)
[multiple choice]

- Alcohol harms group
- Alcohol death audits (work being supported by AFS)
- Drug death review group
- Drug trend monitoring group/Early Warning System
- None
- Other (please specify):

Q3a) Do Chief Officers for Public Protection receive feedback from drug death reviews?
(select only one)
[single option]

- Yes
- No
- Don't know

Q3b) If no, please provide details on why this is not the case.
[open text – maximum 255 characters]

Work is underway locally to strengthen governance of the ADP through the COG

Q4a) As part of the structures in place for the monitoring and surveillance of alcohol and drugs harms or deaths, are there local processes to record lessons learnt and how these are implemented? (select only one)
[single option]

- Yes
- No
- Don't know

Q4b) If no, please provide details.
[open text – maximum 255 characters]

Cross-cutting priority: Resilient and Skilled Workforce

Q5a) What is the whole-time equivalent staffing resource routinely dedicated to your ADP Support Team as of 31st March 2023.

[open text, decimal]

Total current staff (whole-time equivalent including fixed-term and temporary staff, and those shared with other business areas)	2.7
Total vacancies (whole-time equivalent)	1.00

Q5b) What type of roles/support (e.g. analytical support, project management support, etc.) do you think your ADP support team might need locally? Please indicate on what basis this support would be of benefit in terms of whole-time equivalence.

[open text – maximum 255 characters]

Project management, increased front line service staff, operational support and information analyst and support officer roles to respond to the ever increasing demands on a very small team.

Q6a) Do you have access to data on **alcohol and drug services** workforce statistics in your ADP area? (select only one)

[single option]

- Yes
- No (please specify who does):
- Don't know

6b) If yes, please provide the whole-time equivalent staffing resource **for alcohol and drug services** in your ADP area.

[open text, decimal]

Total current staff (whole-time equivalent)	63.8
Total vacancies (whole-time equivalent)	4.00

Q7) Which, if any, of the following activities are you aware of having been undertaken in your ADP area to improve and support workforce wellbeing (volunteers as well as salaried staff)? (select all that apply)

[multiple choice]

- Coaching, supervision or reflective practice groups with a focus on staff wellbeing
- Flexible working arrangements
- Management of caseload demands
- Provision of support and well-being resources to staff
- Psychological support and wellbeing services
- Staff recognitions schemes
- None
- Other (please specify):

Cross cutting priorities: Lived and Living Experience

Q8a) Do you have a formal mechanism at an ADP level for gathering feedback from people with lived/living experience using services you fund? (select all that apply)

[multiple choice]

- Feedback/complaints process
- Questionnaire/survey
- No
- Other (please specify): The Lived Experience Network (LEN) contribute to the ADP work through the Recovery Development Group and where required complete service user feedback questionnaires. Case studies are also used to evidence positive outcomes.

Q8b) How do you, as an ADP, use feedback received from people with lived/living experience and family members to improve service provision? (select all that apply)

[multiple choice]

	Lived/living experience	Family members
Feedback used to inform service design	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Feedback used to inform service improvement	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Feedback used in assessment and appraisal processes for staff	<input type="checkbox"/>	<input type="checkbox"/>
Feedback is presented at the ADP board level	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Feedback is integrated into strategy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Other (please specify)		

Q9a) How are **people with lived/living experience** involved within the ADP structure?

(select all that apply)

[multiple choice]

	Planning (e.g. prioritisation and funding decisions)	Implementation (e.g. commissioning process, service design)	Scrutiny (e.g. monitoring and evaluation of services)	Other (please specify)
Board representation at ADP	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Focus group	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Lived experience panel/forum	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Questionnaire/ surveys	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Other (please specify)				

Q9b) How are **family members** involved within the ADP structure? (select all that apply)
[matrix, multiple choice]

	Planning (e.g. prioritisation and funding decisions)	Implementation (e.g. commissioning process, service design)	Scrutiny (e.g. monitoring and evaluation of services)	Other stage (please specify)
Board representation at ADP	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Focus group	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Lived experience panel/forum	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Questionnaire/ surveys	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Other (please specify)				

Q9c) If any of the above are in development for either people with lived/living experience and/or family members, please provide details.
[open text – maximum 2000 characters]

Lived experience network (LEN) are developing Lived experience Panel (LEP) and will include family members

Q10) What monitoring mechanisms are in place to ensure that services you fund are encouraged/supported to involve people with lived/living experience and/or family members in the different stages of service delivery (i.e. planning, implementation and scrutiny)?
[open text – maximum 2000 characters]

All services that ADP commission have regular governance meetings every six months. Feedback is provided at these meetings in terms of how those with lived experience and their families are involved in the different stages of delivery. A new template is being developed to improve contract monitoring which will include this information.

Q11) Which of the following support is available to people with lived/living experience and/or family members to reduce barriers to involvement? (select that apply)
[multiple choice]

- Advocacy
- Peer support
- Provision of technology/materials
- Training and development opportunities
- Travel expenses/compensation
- Wellbeing support
- None
- Other (please specify): We support recovery using the Wellbeing Outcomes Star tool and work with the individual to achieve goals. Employability programmes support those with lived experience.

Q12a) Which of the following volunteering and employment opportunities for people with lived/living experience are offered by services in your area? (select all that apply)

[multiple choice]

Community/recovery cafes

Job skills support

Naloxone distribution

Peer support/mentoring

Psychosocial counselling

None

Other (please specify): Access to Addiction Worker Training Programme funded by SDF/IADP. Currently two places funded for Inverclyde residents. All services including the ADRS employ people with lived experience. The womens project, led by Community Justice supports inclusion.

Q12b) What are the main barriers to providing volunteering and employment opportunities to people with lived/living experience within your area?

[open text – maximum 2000 characters]

Stigma experienced by those accessing services. An example of this would be the difficulty that some people with lived/living experience have in terms of criminal records or convictions and the barrier this provides in terms of volunteering or paid work.

Q13) Which organisations or groups are you working with to develop your approaches and support your work on meaningful inclusion? (select all that apply)

[multiple choice]

MAT Implementation Support Team (MIST)

Scottish Drugs Forum (SDF)

Scottish Families Affected by Drugs and Alcohol (SFAD)

Scottish Recovery Consortium (SRC)

None

Other (please specify): The Third Sector Interface via CVS, a range of services such as Your Voice, Team Challenge, Morton In the Community, Women In Justice Project, etc

Cross cutting priorities: Stigma Reduction

Q14) Do you consider stigma reduction for people who use substances and/or their families in any of your written strategies or policies (e.g. Service Improvement Plan)? (select only one)

[single option]

Yes (please specify which): IADP Recovery Strategy and Action Plan 2020-23

No

Don't know

Q15) Please describe what work is underway to reduce stigma for people who use substance and/or their families in your ADP area.

[open text – maximum 2000 characters]

In partnership HSCP/Inverclyde Alcohol and Drug Partnership are currently developing an e-learning module with a focus on the stigma experienced by people in drug and alcohol recovery and their families. The module is being co-created with people with lived experience and the module will launch during Recovery Month in September 2023.

The four main learning outcomes are:

- Understanding the meaning of stigma
- Recognising the effects and impacts of stigma
- Identifying bias and disrespectful language and how they contribute to stigma
- Developing the confidence to challenge stigma

Scottish Families Affected by Alcohol and Drugs facilitated a Stigma and Kindness Workshop for members of the community/lived experience as part of Recovery month in 2022. A similar event is being held in September as part of Recovery month.

Within the HSCP and partners senior managers have undertaken STILT Training Staff within ADRS have undergone Safety and Stabilisation and other psychological supports to reduce stigma.

Direct contact with GPs to support equity of access for care and treatment.

Fewer people develop problem substance use

Q16) How is information on local treatment and support services made available to different audiences **at an ADP level** (not at a service level)? (select all that apply)
 [multiple choice]

	Non-native English speakers (English Second Language)	People with hearing impairments	People with learning disabilities and literacy difficulties	People with visual impairments	Other audience (please specify)
In person (e.g. at events, workshops, etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Leaflets/posters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Online (e.g. websites, social media, apps, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other (please specify)					

Q17) Which of the following education or prevention activities were funded or supported by the ADP? (select all that apply)
[multiple choice]

	0-4 (early years)	5-12 (primary)	13-15 (secondary S1-4)	16-24 (young people)	25+ (adults)	Parents	People in contact with the justice system	Other audience (please specify)
Counselling services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Information services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Physical health	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Mental health	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Naloxone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Overdose awareness and prevention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Parenting	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Peer-led interventions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Personal and social skills	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Planet Youth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pre-natal/pregnancy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Reducing stigma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Seasonal campaigns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sexual health	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Teaching materials for schools	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Wellbeing services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Youth activities (e.g. sports, art)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Youth worker materials/training	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other (please specify)								

Risk is reduced for people who use substances

Q18a) In which of the following settings is **naloxone** supplied in your ADP area? (select all that apply)

[multiple choice]

- Accident & Emergency departments
- Community pharmacies
- Drug services (NHS, third sector, council)
- Family support services
- General practices
- Homelessness services
- Justice services
- Mental health services
- Mobile/outreach services
- Peer-led initiatives
- Women support services
- None
- Other (please specify): Recovery Community services, HSCP (Non Drug treatment services)

Q18b) In which of the following settings is **Hepatitis C testing** delivered in your ADP area? (select all that apply)

[multiple choice]

- Accident & Emergency departments
- Community pharmacies
- Drug services (NHS, third sector, council)
- Family support services
- General practices
- Homelessness services
- Justice services
- Mental health services
- Mobile/outreach services
- Peer-led initiatives
- Women support services
- None
- Other (please specify): HMP Greenock

Q18c) In which of the following settings is the **provision of injecting equipment** delivered in your ADP area? (select all that apply)

[multiple choice]

- Accident & Emergency departments
- Community pharmacies
- Drug services (NHS, third sector, council)
- Family support services
- General practices
- Homelessness services
- Justice services
- Mental health services
- Mobile/outreach services
- Peer-led initiatives
- Women support services
- None
- Other (please specify): ADRS Liaison Nursing

Q18d) In which of the following settings is **wound care** delivered in your ADP area? (select all that apply)

[multiple choice]

- Accident & Emergency departments
- Community pharmacies
- Drug services (NHS, third sector, council)
- Family support services
- General practices
- Homelessness services
- Justice services
- Mental health services
- Mobile/outreach services
- Peer-led initiatives
- Women support services
- None
- Other (please specify): ADRS Liaison Nursing

Q19a) Are there protocols in place to ensure **all** prisoners identified as at risk are offered with naloxone upon leaving prison? (select only one)

[single option]

- Yes
- No
- No prison in ADP area

Q19b) If no, please provide details.

[open text – maximum 255 characters]

People most at risk have access to treatment and recovery

Q20a) Are referral pathways in place in your ADP area to ensure people who experience a near-fatal overdose (NFO) are identified and offered support? (select only one)

[single option]

- Yes
- No
- Don't know

Q20b) If yes, have people who have experienced a near-fatal overdose been successfully referred using this pathway? (select only one)

[single option]

- Yes
- No
- Don't know

Q20c) If no, when do you intend to have this in place?

[open text – maximum 255 characters]

Q21) In what ways have you worked with justice partners? (select all that apply)

[multiple choice]

- Contributed towards justice strategic plans (e.g. diversion from justice)
- Coordinating activities
- Information sharing
- Joint funding of activities
- Justice partners presented on the ADP
- Prisons represented on the ADP (if applicable)
- Providing advice/guidance
- None
- Other (please specify): Criminal Justice Support Worker (Addictions)

Q22a) Do you have a prison in your ADP area? (select only one)

[single option]

- Yes
- No

Q22b) Which of the following activities did the ADP support or fund at the different stages of engagement with the justice system? (select all that apply)
[multiple choice]

	Pre-arrest	In police custody	Court	Prison (if applicable)	Upon release	Community justice
Advocacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol interventions	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Alcohol screening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Buvidal provision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Detoxification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drugs screening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Psychological screening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Harm reduction	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Health education	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
“Life skills” support or training (e.g. personal/social skills, employability)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Opioid Substitution Therapy (excluding Buvidal)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Peer-to-peer naloxone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recovery cafe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recovery community	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Recovery wing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Referrals to alcohol treatment services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Referrals to drug treatment services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Staff training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Other (please specify)						

Q23a) How many [recovery communities](#) are you aware of in your ADP area?

[open text, integer]

4

Q23b) How many recovery communities are you actively engaging with or providing support to?

[open text, integer]

4

Q24a) Which of the following options are you using to engage with or provide support to recovery communities in your area? (select all that apply)

[multiple choice]

- Funding
- Networking with other services
- Training
- None
- Other (please specify): All Recovery Partners have equal status within the ADP. Recovery is much wider than a recovery community, which can be stigmatising for some people, so meaningful engagement with wider community supports provide significant support to those in recovery.

Q24b) How are recovery communities involved **within the ADP**? (select all that apply)

[multiple choice]

- Advisory role
- Consultation
- Informal feedback
- Representation on the ADP board
- Recovery communities are not involved within the ADP
- Other (please specify): Lead the ADP in Recovery events including Recovery Month.

People receive high quality treatment and recovery services

Q25) What treatment or screening options are in place to address **alcohol harms**? (select all that apply)

[multiple choice]

- Access to alcohol medication (Antabuse, Acamprase, etc.)
- Alcohol hospital liaison
- Alcohol related cognitive testing (e.g. for alcohol related brain damage)
- Arrangements for the delivery of alcohol brief interventions in all priority settings
- Arrangement of the delivery of alcohol brief interventions in non-priority settings
- Community alcohol detox
- In-patient alcohol detox
- Fibro scanning
- Psychosocial counselling
- None
- Other (please specify): Police Custody

Q26) Which, if any, of the following barriers to residential rehabilitation exist in your ADP area? (select all that apply)

[multiple choice]

- Current models are not working
- Difficulty identifying all those who will benefit
- Further workforce training required
- Insufficient funds
- Lack of specialist providers
- Scope to further improve/refine your own pathways
- None
- Other (please specify): Recruitment; access to prerehabilitation.

Q27) Have you made any revisions in your pathway to residential rehabilitation in the last year? (select only one)

[single option]

- No revisions or updates made in 2022/23
- Revised or updated in 2022/23 and this has been published
- Revised or updated in 2022/23 but not currently published

Q28) Which, if any, of the following barriers to implementing MAT exist in your area? (select all that apply)

[multiple choice]

- Difficulty identifying all those who will benefit
- Further workforce training is needed
- Insufficient funds
- Scope to further improve/refine your own pathways
- None

Other (please specify): Recruiting to fixed funded posts; matching existing recording systems to data returns; uncertain resource requirements to meet standards until well into implementation.

Q29a) Which of the following treatment and support services are in place specifically for children and young people **aged between 13 and 24** using **alcohol**? (select all that apply) [multiple choice]

	13-15 (secondary S1-4)	16-24 (young people)
Alcohol-related medication (e.g. acamprosate, disulfiram, naltrexone, nalmefene)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Diversionsary activities	<input type="checkbox"/>	<input type="checkbox"/>
Employability support	<input type="checkbox"/>	<input type="checkbox"/>
Family support services	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Information services	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Justice services	<input type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outreach/mobile	<input type="checkbox"/>	<input type="checkbox"/>
Recovery communities	<input type="checkbox"/>	<input checked="" type="checkbox"/>
School outreach	<input type="checkbox"/>	<input type="checkbox"/>
Support/discussion groups	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify)		

Q29b) Please describe what treatment and support is in place **specifically for children aged 0-4 (early years) and 5-12 (primary)** affected by **alcohol**. [open text – maximum 2000 characters]

Q30a) Which of the following treatment and support services are in place specifically for children and young people **aged between 13 and 24** using **drugs**? (select all that apply) [multiple choice]

	13-15 (secondary S1-4)	16-24 (young people)
Diversionsary activities	<input type="checkbox"/>	<input type="checkbox"/>
Employability support	<input type="checkbox"/>	<input type="checkbox"/>
Family support services	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Information services	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Justice services	<input type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input type="checkbox"/>	<input type="checkbox"/>
Opioid Substitution Therapy	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Outreach/mobile	<input type="checkbox"/>	<input type="checkbox"/>
Recovery communities	<input type="checkbox"/>	<input checked="" type="checkbox"/>
School outreach	<input type="checkbox"/>	<input type="checkbox"/>
Support/discussion groups	<input type="checkbox"/>	<input type="checkbox"/>

Other (please specify)		
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Q30b) Please describe what treatment and support is in place **specifically for children aged 0-4 (early years) and 5-12 (primary) affected by drugs.**

[open text – maximum 2000 characters]

Quality of life is improved by addressing multiple disadvantages

Q31) Do you have specific treatment and support services in place for the following groups? (select all that apply)
[multiple choice]

	Yes	No
Non-native English speakers (English Second Language)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
People from minority ethnic groups	<input type="checkbox"/>	<input checked="" type="checkbox"/>
People from religious groups	<input type="checkbox"/>	<input checked="" type="checkbox"/>
People who are experiencing homelessness	<input type="checkbox"/>	<input checked="" type="checkbox"/>
People who are LGBTQI+	<input type="checkbox"/>	<input checked="" type="checkbox"/>
People who are pregnant or peri-natal	<input type="checkbox"/>	<input checked="" type="checkbox"/>
People who engage in transactional sex	<input type="checkbox"/>	<input checked="" type="checkbox"/>
People with hearing impairments	<input type="checkbox"/>	<input checked="" type="checkbox"/>
People with learning disabilities and literacy difficulties	<input type="checkbox"/>	<input checked="" type="checkbox"/>
People with visual impairments	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Veterans	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Women	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Other (please specify)		

Q32a) 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? (select only one)
[single choice]

- Yes (please provide link here or attach file to email when submitting response):
- No

Q32b) If no, please provide details.
[open text – maximum 255 characters]

Q33) Are there arrangements (in any stage of development) within your ADP area for people who present at substance use services with mental health concerns **for which they do not have a diagnosis**?

[open text – maximum 2000 characters]

Mental Health Nurses, Consultant Psychiatrist, Speciality Doctor all employed and available in ADRS to assess and treat mental health issues.

Q34) How are you, as an ADP, linked up with support service **not directly linked to substance use** (e.g. welfare advice, housing support, etc.)?

[open text – maximum 2000 characters]

Collaboration to meet other strategic objectives such as HSCP, Community Planning Partnership, Housing Partnership, Justice etc.

Q35) Which of the following activities are you aware of having been undertaken in local services to implement a trauma-informed approach? (select all that apply)

[multiple choice]

- Engaging with people with lived/living experience
- Engaging with third sector/community partners
- Recruiting staff
- Training existing workforce
- Working group
- None
- Other (please specify): Leadership Awareness and Development Sessions (STILT)

Children, families and communities affected by substance use are supported

Q36) Which of the following treatment and support services are in place for **children and young people** (under the age of 25) **affected by a parent’s or carer’s substance use**? (select all that apply)
[multiple choice]

	0-4 (early years)	5-12 (primary)	13-15 (secondary S1-4)	16-24 (young people)
Carer support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Diversionsary activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Employability support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family support services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Information services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Mental health services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Outreach/mobile services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Recovery communities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
School outreach	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Support/discussion groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Other (please specify)				

Q37a) Do you contribute toward the integrated children’s service plan? (select only one)
[single option]

- Yes
- No
- Don’t know

Q37b) If no, when do you plan to implement this?
[open text – maximum 255 characters]

Q38) Which of the following support services are in place **for adults** affected by **another person's substance use**? (select all that apply)

[multiple choice]

- Advocacy
- Commissioned services
- Counselling
- One to one support
- Mental health support
- Naloxone training
- Support groups
- Training
- None
- Other (please specify):

Q39a): 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? (select only one)

[single option]

- Yes
- No
- Don't know

Q39b) Please provide details.

[open text – maximum 255 characters]

Currently redefining TOR for Whole Family ADP Sub Group

Q40) Which of the following services supporting Family Inclusive Practice or a Whole Family Approach are in place? (select all that apply)

[multiple choice]

	Family member in treatment	Family member not in treatment
Advice	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Advocacy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Mentoring	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Peer support	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Personal development	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Social activities	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Support for victims of gender based violence	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify)		Gail to speak with Susan

Confirmation of sign-off

Q41) Has your response been signed off at the following levels?

[multiple choice]

ADP

IJB

Not signed off by IJB (please specify date of the next meeting): 25th September , 2023

Thank you for taking the time to complete this survey, your response is highly valued. The results will be published in the forthcoming ADP annual report, scheduled for publication in the autumn.

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

[End of survey]



Inverclyde Alliance

AGENDA ITEM NO: 8

Report To: Inverclyde Alliance Board **Date:** 4 December 2023
Report By: Kenny Leinster
Independent Chair of Inverclyde Alcohol and Drug Partnership **Report No:**
Contact Officer: Kenny Leinster **Contact No:** 01475 715361
Subject: Inverclyde Alcohol and Drug Partnership Forward Plan 2023 - 2026

1.0 PURPOSE

1.1 The purpose of this report is to update on Inverclyde's Alcohol and Drug Partnerships (IADP) forward planning approach for 2023 – 2026 to the Inverclyde Alliance Board.

2.0 SUMMARY

2.1 This report provides details on the actions being taken forward to producing a new IADP Strategy and Delivery plan 2023-2026.

2.2 This report also provides updates on proposed changes and improvements being made to the IADP which will be taken forward to the IADP Committee on the 27th November 2023.

3.0 RECOMMENDATIONS

3.1 It is recommended that the Alliance Board notes the updates provided.

Kenny Leinster
Independent Chair of Inverclyde Alcohol and Drug Partnership

4.0 BACKGROUND

4.1 Inverclyde Alcohol and Drug Partnership (IADP) is made up of a range of statutory and third sector organisations, who work collectively to implement local and national strategies to reduce alcohol and drug misuse in Inverclyde.

4.2 The Scottish Government requires each Alcohol and Drug Partnership (ADP) to prepare an ADP Strategy and Delivery Plan and submit these for approval every 3 years. The local ADP plan must align to National Priorities and Outcomes.

4.3 The National Priorities are detailed within the following policy documents:

- [Rights, respect and recovery: alcohol and drug treatment strategy](#)
- [Medication Assisted Treatment \(MAT\) standards: access, choice, support - gov.scot \(www.gov.scot\)](#)
- [Pathways into, through and out of Residential Rehabilitation in Scotland - gov.scot \(www.gov.scot\)](#)
- [National mission - Alcohol and drugs - gov.scot \(www.gov.scot\)](#)
- [National Mission to tackle drug-related deaths - NHS recovery plan - gov.scot \(www.gov.scot\)](#)

4.4 IADP has a local Strategy and Delivery Plan which embeds the National Strategies and Priorities within it, the local strategy and delivery plan set out how at a local level we will work to ensure National priorities are achieved.

4.5 IADP current Strategy and Delivery Plan is soon to expire, and work is now underway to develop a new local Strategy and Delivery Plan which will detail our focus between 2023 – 2026.

4.6 Locally, a key priority going forward is reducing alcohol related deaths in Inverclyde. We recognise currently there is no National Strategy for tackling alcohol related deaths at this moment in time, however, due to the high figures as an ADP we will be working to address this going forward.

4.7 The IADP also contribute towards the development and implementation of the 6 big actions currently set out in Inverclyde's Health and Social Care Strategy. As an ADP we are well placed to be involved in the new local actions being agreed and implemented and will work with the HSCP through stakeholder and service user consultations.

4.8 Going forward a new ADP Strategy and Delivery Plan will be produced for 2023 – 2026. The ADP will take a phased approach in terms of producing the new documentation for a roll out of a new strategy and delivery plan in Summer 2024:

Planning Phase

- ADP Strategy Subgroup convene and set plans around consultation.
- Experiential Evidence Gathering
- Development Day for the IADP at the start of 2024 taking into account the plans for developing a new strategy and delivery plan.

Consultation Phase

- Lived Experience Network Consultations
- Service User Consultations
- Family Member Consultations
- Service Provider Consultations
- Experiential Evidence Gathering

Collation Phase

- Produce a briefing report detailing all evidence gathered through the consultation phase.
- Produce a draft strategy and delivery plan and share accordingly for final feedback.
- Confirm any planned changes and embed these in the final draft of the strategy and delivery plan.

Delivery Phase

- Take final draft for approval to the ADP Committee
- Launch new strategy and delivery plan during Summer 2024

4.9 The ADP are also working towards making the following changes and improvements between now and Summer 2024:

IADP Governance Structure

A revised governance structure for the IADP is being taken to the ADP Committee for approval on the 27th November 2023. This revised structure will enable us as a partnership, to work more effectively and ensure we have the right people, involved in the right groups, at the right times moving forward, taking forward relevant actions that will go towards us making a real difference to the lives of people across Inverclyde.

IADP Website

A new IADP website is required as the old site doesn't comply with current UK accessibility and disability laws. The ADP Communications Working Group will be taking this forward in consultation with service users, service providers and family members.

IADP Monitoring and Reporting Framework

A standardised monitoring and reporting framework will be developed and implemented at the start of 2024 for all IADP funded commissions and pieces of work to track the impact of services.

Mental Health & Addictions

A Mental Health and Substance Use delivery group has been established to deliver on the *Improving Our Response* programme in Inverclyde – the work of this delivery group will now be embedded with the IADP. The delivery group recognised the need for greater collaboration and co-ordination among services to support prevention and long-term recovery for people with multiple and complex needs, particularly those with mental health and substance use support needs.

5.0 PROPOSALS

5.1 N/A

6.0 IMPLICATIONS

6.1 Legal: none
Finance: none
Human Resources: none
Equality and Diversity: none
Alliance Partnership Plan:

7.0 CONSULTATIONS

7.1 This report was developed with partners of the Inverclyde Alcohol and Drug Partnership and will be taken for final approval to the IADP Committee on the 27th November 2023.

8.0 LIST OF BACKGROUND PAPERS

8.1 None



Inverclyde Alliance

AGENDA ITEM NO: 9

Report To: Inverclyde Alliance Board **Date:** 4 December 2023

Report By: Ruth Binks
Corporate Director Education,
Communities and Organisational
Development, Inverclyde Council **Report No:**

Contact Officer: Hugh Scott, Service Manager
Community Learning and
Development, Community Safety
and Resilience, Inverclyde
Council **Contact No:** 715459

Subject: Community Learning and Development 3 Year Partnership Plan
2021 – 2024 Annual Report and Revised Action Plan

1.0 PURPOSE

1.1 The purpose of this report is to present the Community Learning and Development (CLD) 3 Year Partnership Plan 2021-24 Annual Report and a revised action plan to the Alliance Board for approval.

2.0 SUMMARY

2.1 The Community Learning & Development (Scotland) Regulations 2013 placed a requirement on each local authority to consult on and publish plans every three years containing specified information on the provision of CLD by both the local authority and its partners.

2.2 The current Inverclyde 3 Year Plan for 2021-24 was developed and approved by the Alliance Board in October 2021.

2.3 An annual report has been produced to provide an update on the progress made with the implementation of the CLD 3 Year Partnership Plan during year two. This is attached as appendix 1 to this report. Please note the amber marked against progress will be achieved over the 3-year plan.

2.4 The CLD Partnership has conducted a review of the actions contained within the CLD 3 Year Partnership Plan. As a result, several changes have been made to the actions to ensure the plan continues to respond to current issues and priorities and will best enable the CLD Partnership to achieve the priorities within the plan. The revised action plan forms appendix 2.

3.0 RECOMMENDATIONS

3.1 It is recommended that the Alliance Board approves the Annual Report and revised action plan of the CLD 3 Year Partnership Plan 2021-24.

Ruth Binks
Corporate Director Education, Communities and Organisational Development

4.0 BACKGROUND

4.1 The Community Learning & Development (Scotland) Regulations 2013 places a requirement on each local authority to consult on and publish plans every three years containing specified information on the provision of CLD by both the local authority and its partners.

4.2 The CLD Regulations stipulate that each CLD plan must demonstrate:

- how the local authority will co-ordinate its provision of CLD with other CLD providers within the area of the local authority;
- what action the local authority will take to provide CLD over the period of the plan;
- what action other partners intend to take to provide CLD within the area of the local authority over the period of the plan; and
- any needs for CLD that will not be met within the period of the plan.

4.3 A new CLD 3 Year Partnership Plan for Inverclyde was developed to meet the requirements of the CLD (Scotland) Regulations 2013, by providing a framework for CLD provision across the CLD Partnership in Inverclyde. The plan covers the period 2021-24 and was approved by the Alliance Board in October 2021.

4.4 The CLD 3 Year Partnership Plan 2021-24 was produced using a collaborative approach between the organisations that make up the CLD Partnership in Inverclyde. The following four priorities were identified as the key areas upon which the CLD 3 Year Plan would focus:

- Development of digital services;
- Empowering communities;
- Improving the health and wellbeing of communities; and
- Creating a workforce for the future.

5.0 CLD 3 YEAR PLAN ANNUAL REPORT

5.1 The CLD Partnership has now produced an annual report to show the progress made during 2022/23 towards achieving the four priorities within the CLD 3 Year Partnership Plan

5.2 All partner organisations contributed to the annual report to ensure that it reflects the work that is taking place across the CLD Partnership. A CLD self-evaluation session was held on 20 September 2023 and attended by a range of organisations. Those who attended the session were asked to provide details of progress made against the priorities within the last year and their feedback has informed the annual report.

5.3 The annual report, which forms appendix 1 of this report provides an update on the progress that has been made in achieving the four priorities during year two. The report provides information on the progress made under each action and the status of the action. In addition, each template contains details of key achievements made by the CLD Partnership. Highlights include:

- the Moodle digital learning platform which has seen a rise of 115% in course completions and visits to the website to undertake learning have risen 500%;
- the engagement with stakeholders as part of the review of Community Councils which ran from December 2022 to November 2023. Engagement levels have been high with over 1,200 votes received during stage 2 of the consultation;
- the implementation of the Early Adopter Community for Affordable Childcare, a place-based family centred approach to provide families living in Port Glasgow with increased opportunities to participate in learning, training, employability or help reduce family stress; and
- an increase in the membership of the Inverclyde Practitioners Forum (IPF) which now has over 250 members, representing 40 organisations.

5.4 The CLD 3 Year Partnership Plan 2021-24 contains an action plan, showing how the partnership aims to achieve the four priorities within the plan. At the end of year two the partnership reviewed and refreshed the actions to ensure it remains relevant.

The focus of the 3-Year Plan during year one was on recovery given the impact that the Covid-19 pandemic had on the delivery of CLD services in Inverclyde. Year two has been focused on re-engagement and delivery.

The main changes that have been made to the actions under each priority are as follows:

- Development of Digital Services – in year two the focus was on the further development of Moodle, reviewing how the CLD Partnership delivers digital services to make sure we have the correct tools and increasing participation in employment, learning and training by those who are digitally excluded. In year 3 we will conduct a review of how the CLD Partnership is delivering digital services and whether our infrastructure, digital devices, on-line learning platforms and licenses are fit for purpose.
- Empowering Communities – In year 2 the focus was on reviewing and updating community engagement and development platforms and working to challenge stigma around poverty. In year 3 we will focus on building upon existing opportunities for community empowerment and engagement, strengthening community representation.
- Health and Wellbeing – In year two the focus was on developing a better understanding of the current health and wellbeing priorities through the Young Person’s Health and Well-Being Survey and the Adult Health and Well-Being Survey as well as identifying best practice. In year three we will identify and promote best practice that will improve the health and wellbeing of communities; and
- Workforce Development – In year 2 the focus was on conducting a workforce development survey, developing a two-year plan to build confidence and resilience amongst the workforce and continue to increase membership of the CLD Standards Council. In year 3 we will build on the successes this year, to build the capacity of the workforce through staff development and training, practice exchange and resource sharing.

The revised action plan forms appendix 2 of this report

6.0 IMPLICATIONS

- 6.1 Legal: None
Finance: None
Human Resources: None
Equality and Diversity: An equality impact assessment has been undertaken and is an appendix in the CLD 3 Year Plan 2021-24.
Alliance Partnership Plan:

7.0 CONSULTATIONS

- 7.1 Partner agencies and the wider communities.

8.0 LIST OF BACKGROUND PAPERS

N/A

Community Learning and Development Inverclyde 3 Year Partnership Plan 2021-24

Annual Report 2022/23



Inverclyde
council




Inverclyde Alliance

INVERCLYDE
HSCP
Health and Social
Care Partnership

WEST COLLEGE
SCOTLAND

CVS  Inverclyde
Community Groups  Voluntary Organisations  Social Enterprises




our
Library
Inverclyde Libraries
Inform • Include • Inspire

DWP
Department for
Work and Pensions

your
voice

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Foreword

Councillor Elizabeth Robertson, Chair of Inverclyde Alliance

I am delighted to introduce this Annual Report for 2021/22 which highlights the progress the Community Learning and Development Partnership has made in delivering the Community Learning and Development 3 Year Partnership Plan 2021-24.

This Annual Report provides details of the progress that it has made in achieving the four priorities in the CLD 3 Year Partnership Plan 2021-24. It highlights a range of partnership projects and initiatives that were implemented during 2022/23 to help us achieve our priorities.

The partnership has continued to build on the progress that it made in previous years by implementing several projects and initiatives aimed at improving access to digital services, empowering our communities, improving health and wellbeing and developing our workforce.

Some of the highlights include:

- the delivery of a range of programmes to increase participation in employment, training and learning by those who were digitally excluded;
- the Early Adopter Community for Affordable Childcare is also a place-based family centred approach to provide families living in Port Glasgow with choice and increase their opportunities to participate in learning, training, employability or help reduce family stress;
- community engagement levels in response to the Review of Community Councils;
- the Warm Hands of Friendship initiative that started in Winter 2022/23. This initiative enabled local communities to establish the services that meet the needs of their users, at times and with resources and food that would reduce social isolation and increase access to other people who either lived close by or had a similar community interest;
- the delivery of a range of programmes to improve health and wellbeing; and
- The continued investment in Inverclyde's CLD workforce through the development of the Inverclyde Practitioner's Forum with increased membership of over 250 members across 40 organisations.

There is still more to be achieved and in year 3 the partnership will build on its achievements and continue to develop coordinated, effective, efficient services that meet the needs of our learners and communities.

I look forward to providing you with an update on our progress again next year. In the meantime, I am pleased to introduce this Annual Report for 2022/23 on behalf of the Inverclyde Alliance Board.

Councillor Elizabeth Robertson
Chair of Inverclyde Alliance Board

Background

What is Community Learning and Development?

Community Learning and Development (CLD) is “a field of professional practice that enables people to identify their own individual and collective goals, to engage in learning and take action to bring about change for themselves and their communities. It uses a range of formal and informal methods of learning and social development with individuals and groups in their communities” (CLD Standards Council for Scotland). CLD provision is targeted to those most in need and resources are deployed in localities to address identified needs in those communities.

The CLD Partnership in Inverclyde brings together key agencies engaged in CLD delivery across Inverclyde including Inverclyde Council, Police Scotland, West College Scotland, CVS Inverclyde, Your Voice, Inverclyde’s Health and Social Care Partnership and the Department for Work and Pensions. (Please see page 2 for a full list of the organisations that make up the CLD Partnership in Inverclyde) We work across the partnership to support young people, adult learners, and community groups to empower them to make positive changes to their lives through learning.

What is the purpose of the CLD 3 Year Partnership Plan 2021-24?

The Community Learning & Development (Scotland) Regulations 2013 places a requirement on each local authority to consult on and publish plans every three years containing specified information on the provision of CLD by both the local authority and its partners.

The CLD Regulations stipulate that each CLD planning process must identify the following:

- How the local authority will co-ordinate its provision of CLD with other CLD providers within the area of the local authority;
- What action the local authority will take to provide CLD over the period of the plan;
- What action other partners intend to take to provide CLD within the area of the local authority over the period of the plan; and
- Any needs for CLD that will not be met within the period of the plan.

The purpose of the CLD 3 Year Plan 2021-24 is to meet the requirements of the CLD (Scotland) Regulations 2013 by providing a framework for CLD provision across the CLD Partnership in Inverclyde.

Our Priorities

The CLD Partnership in Inverclyde has identified four priorities it will focus on during the CLD 3 Year Partnership Plan 2021-24. The identification of these priorities has been informed by meaningful consultation and engagement with partners and communities and takes account of the various challenges facing both the CLD sector and communities in Inverclyde. All priorities set out in the CLD plan contribute to Inverclyde's Local Outcome Improvement Plan 2017/22 themes of population, inequalities, the local economy and environment, culture and heritage.

Priority 1: Development of digital services

Why is this a priority?

The development of digital services helps contribute to the continued recovery from the Covid-19 pandemic by helping the CLD Partnership to re-engage with service users. It also helps us to provide effective online learning and enhance the digital skills of learners, communities and our workforce and address the challenge of raising attainment for all.

Partners agree that it is critical to ensure that people have the necessary skills to be able to confidently use digital services, and that we look at providing blended learning and use digital services to engage with communities.

Learners told us that they liked online learning and would like a blended model moving forward. Feedback from engagement with over 3,000 people across Inverclyde during the pandemic concluded that digital exclusion was a key theme they wanted us to address.

Priority 2: Empowering Communities

Why is this a priority?

It is vital that we work with local communities in order to fully understand how they have been impacted by the Covid-19 pandemic and the support they require in order to facilitate recovery. A key part of this will be continuing to build resilience and capacity within communities so that they can work in partnership with us to address issues.

Understanding what the key issues are in communities will also help us to identify what actions will best help to tackle the challenges we face such as child poverty, deprivation, health inequalities, the economy and the support needed for an ageing population.

Communities told us that they want to be more involved in decision-making and have a greater say in the issues affecting the community in which they live. Empowering communities and giving them a greater say in decision-making will help us to meet the requirements of the Community Empowerment (Scotland) Act 2015 and mainstream participatory budgeting.

The partnership understands there needs to be a greater focus placed on engaging young people, that we need to raise awareness of what is currently available and that we need to use.

social media more for engagement.

The increase in volunteering during Covid-19 is something the partnership is keen to build on and is seen as a key aspect of community recovery following the pandemic.

Priority 3: Improve the health and wellbeing of communities

Why is this a priority?

Identifying how we can best support young people and adults to improve their mental health and wellbeing will be another key component of recovery.

Other aspects such as development of community food growing and looking at how we keep people safe featured highly as a way of promoting positive health and wellbeing in our communities.

All six Communication and Engagement Groups also identified improved health and wellbeing as a priority for Inverclyde, including better provision of activities to promote wellbeing, especially amongst young people.

By focusing on this priority, the partnership will help to address the stark health inequalities in life expectancy and other health outcomes across communities in Inverclyde.


Priority 4: Develop a workforce for the future



Why is this a priority?

Developing a workforce for the future is a priority because it is central to the overall delivery of the CLD 3 Year Partnership Plan 2021-24.

The partnership acknowledges that it is essential the CLD workforce is supported and developed, especially in relation to digital skills where some of the workforce feel upskilling is required. The workforce must have access to the IT equipment they need to be effective and that improved access to social media would be beneficial to linking with the needs of learners and communities. The pandemic provided staff with the opportunity to work across different services, which many of them enjoyed and would like to see continue.


What progress did we make in year 2?


Priority 1: Development of digital services					
Key Actions	Timescale	What will success look like?	Who is responsible?	Progress update	RAG Status
Further develop Moodle by improving accessibility, developing content, raising awareness and developing a training programme.	Year 2	Learners will have greater access to online learning platforms such as Moodle and will be confident using them.	CLD Services	<p>Feedback from learners and staff identified accessibility improvements. Accessibility features have improved such as ability to read text-text to speak, changes to layout and screen adaptability.</p> <p>The range of learning materials and short courses available on the Moodle platform has increased.</p> <p>Awareness raising and training has taken place with 5 CLD partners as well as promotion via the Inverclyde Practitioners Forum.</p> <p>The Moodle website has seen a rise of 115% in course completions and visits to the website to undertake learning have risen 500%.</p>	 Green



<p>Carry out a review of how the CLD Partnership is delivering digital services and whether our digital tools and platforms are fit for purpose.</p> <p>Increase participation in employment, training and learning by those who are digitally excluded.</p>	<p>Year 2</p>	<p>The range of digital provision and content being delivered will be mapped and areas for improvement identified.</p>	<p>Digital Sub-Group</p>	<p>This will now be undertaken in year 3</p>	 Amber
	<p>End of Year 3</p>	<ul style="list-style-type: none"> A definition for digital isolation will be agreed and this will enable learners and members of the community who are unable to engage in employment training or learning because they are digitally excluded to be identified. New tools will be developed to facilitate engagement with those who are identified as being digitally excluded. 	<p>Digital Sub-Group</p>	<p>The Digital sub-group meetings agreed on a definition of digital isolation in line with national definition from Audit Scotland. Group agreed that following development of a road map as described in action above then it would follow that digitally isolated learners could be better referred to the appropriate services.</p> <p>CLD embedded ICT in key provision to break down barriers to participation, particularly in adult learning and literacies e.g., DWP, community based ESOL, Multiply and Adult Literacies programmes.</p> <p>There has been a 100% increase in participation in CLD's Basic ICT programmes.</p> <p>ESOL staff supported 42 New Scots to improve their</p>	 Amber


				<p>ICT skills and apply for college.</p> <p>239 attended drop-in Library Device Advice sessions across 5 branches between 2022-23</p>	
<p>Year 2 Key Achievements</p>					
<p>The Council's CLD Service delivered a range of programmes to increase participation in employment, training and learning by those who were digitally excluded:</p> <ul style="list-style-type: none"> • 42 learners were given IT access and support to break down barriers to participation and enable them to complete a range of surveys to ensure their voice was heard; • DWP/CLD partnership developed a learning offer onsite to engage with vulnerable learners who are furthest from the labour market. • 32 learners gained SQA qualifications via online courses; • Feedback from learners and staff identified accessibility improvements. Accessibility features have improved such as ability to read text-text to speak, changes to layout and screen adaptability. The functionality has been increased of the website including using it to host staff resources and a space to host CLD and local learning information; • Moodle staff training guides have been developed to support any partners to utilise the learning platform to host content or courses. CLD have supported Dumfries and Galloway council to install and operate their own Moodle online learning platform. Regular bi-monthly meetings take place to share practice, programmes, and technical information; • The accredited asynchronous SQA Mental Health and Wellbeing course was launched and is nearing completion. This programme has been developed with two local business leaders to ensure local input and relevance to learners. The ICT Core Skills Level 2,3 and 4 have also been developed. There are now 8 public access free courses available to all Inverclyde residents. • CLD's Moodle website has seen a rise of 115% in course completions from 58 in year one to 132 in year two. Access to the website with registered users undertaking learning activities has risen by 200% over year two from 798 activities to 2143 per month. Including guest access some parts of the website including guest courses have risen 500%; • There has been a 100% increase in Basic ICT learning participation from 72 learners in year one to 135 learners in year two focusing on core skills. This support focussed on the basics of maintaining participants' Universal Credit claim and effectively job searching and application. 75% of learners accessing provision are marginalised and unemployed and 65% reside in SIMD 1 and 2 areas; • 11 learners have completed the REHIS Online Food Hygiene award to support them to gain or maintain employment; • 21 learners completed the SQA Mental Health and Wellbeing unit at Level 5 equipping them with knowledge, skills, and experience to support those in our community who have mental health issues either in their work or personal lives; 					

- 42 learners received ICT support to apply for WCS ESOL college courses. With complex every day and technical ICT language in addition to ICT access and device issues learners needed support to complete their application;
- In June 2022 Inverclyde libraries launched the Making IT Real project, a ten month-long digital inclusion project that allowed it to increase its capacity to deliver a tailored Digital Inclusion outreach to targeted residents within Inverclyde's most deprived communities (Greenock East & Central and Port Glasgow). In the ten month period, the project established 14 groups across sheltered housing and community centres in the area. These group sessions proved to be successful with the final project numbers indicating that there had been 85 individuals attending these group sessions, many multiple times which gave the project a total of 474 interactions;
- During 2022-23 Inverclyde Libraries offered digital skills sessions, Let's Start IT, Bring IT On! covering basic digital skills, digital foundation skills and essential digital skills and introduced Make IT Real sessions, a legacy from the Make IT Real project offering a more relaxed approach to learning digital skills. 160 people attended during 125 digital skills sessions across Inverclyde Libraries; and
- 239 attended drop-in Library Device Advice sessions across 5 branches between 2022-23 and through using our E- resources as a tool for digital engagement we led to an increase to 15,217 Adult loans of eBooks, eAudiobooks and eMagazines on BorrowBox.

Priority 2: Empowering communities					
Key Actions	Timescale	What will success look like?	Who is responsible?	Progress update	RAG Status
<p>Review and update local community engagement and development platforms that will enable and support people to lead and participate in the implementation of action plans. Improve involvement of local people in local decisions that impact on their needs and the needs of their communities after the pandemic. This will involve:</p>		<p>The number of people involved in formal or informal community platforms such as Communication and Engagement Networks, Locality Planning Groups, Community Councils or Parent Partnerships will be increased,</p>	<p>Empowering Communities Sub-Group</p>	<p>The six Communication and Engagement groups have developed differently to reflect the needs and capacity of the community members involved.</p> <p>All 6 localities have a Facebook group which is open to any community member to join, on average there is over 200 members of each group. This provides a platform for engagement and to notify the community of any consultations.</p> <p>Examples of the progress can be located in the key achievement section.</p> <p>Based on the strategic and structural changes in relation to locality planning, a review of Communication and Engagement groups is required with a view to moving towards establishing a People's Network across Inverclyde to support community engagement and empowerment.</p> <p>The Alliance Board agreed in June 2022 to change the number of localitie planning</p>	 <p>Green</p>

<p>Mapping out current provision and developing safe places for engagement such as conversation cafes, to encourage participation by going to places that people already attend to listen and communicate without agenda.</p>				<p>groups and have two formal Health and Social Care Locality Planning Groups, one for East Inverclyde and one for West Inverclyde (the boundary will be Baker Street, Greenock). Staff from HSCP hosted various community engagement events and consulted with Community Councils and the communication and engagement groups with regards to Locality planning moving forward.</p> <p>A review a Community Councils started in December 2022 with stage 3 finishing at the end of November 2023. Engagement levels have been high with over 1,200 votes received during stage 2 of the consultation.</p>	<p>CVS, as part of the Investing Communities Fund, have undertaken a formal mapping process of community resources.</p> <p>The Greenock West and Gourrock Communication and Engagement Group have mapped out the various warm spaces within the locality, this was also replicated across Greenock</p>	 <p>Amber</p>
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				<p>East and Central locality.</p> <p>Locality plans routed in community conversations and will be formally reviewed and updated in 2024.</p> <p>The Greive Rd Committee successfully hosts a community drop-in session with an average weekly attendance of 60 community members.</p>	
<p>Creation of a partnership consultation calendar that can be planned, discussed, and progressed in a timely manner, that communities understand the relevance and feel informed enough to share their thoughts.</p>		<p>There will be less “consultation fatigue” in the community as information and data will be gathered through conversations, discussion, and debate and used to establish local decision making and actions.</p>		<p>This action will require more focus in year 3, currently CLD and CVS have been working in partnership in relation to Community Engagement in Greenock East and Central, this is to reduce duplication and maximise resources.</p>	 Amber
<p>Hosting and facilitating thematic events based on local priorities, led by the community supported by the partnership, and using a community learning and development approach.</p>				<p>Housing issues are continually discussed at Community Councils, TARA's and Communication and Engagement Groups. Two new TARA's have been established in PG to support communities to have their say supported by CLD and RiverClyde Homes.</p>	 Amber


				<p>Two new TARA's have been established in PG to support communities to have their say.</p> <p>Your Voice have carried out various community consultations for example, Housing and homelessness, National Care Service, Carers Strategy, HSCP Strategic Refresh plan, Green Connections.</p> <p>The newly formed Inverpride Network are providing a platform for the LGBTQ+ (18+) to meet and collaborate to promote inclusion.</p>	
<p>Compassionately challenge stigma and shame around Inequalities and Poverty by:</p> <p>Sharing local case studies that show multiple interventions from partner services to ensure a “no wrong door” approach to learning and development.</p> <p>Creating locality thematic topics that</p>		<p>People will tell us there is a clear pathway for support. They will know which services to contact and what to expect.</p> <p>People who have experienced inequalities and poverty will recognise their voice in the shaping local service provision.</p> <p>People will tell us that services meet the</p>	<p>Empowering CommunitiesSub-Group</p>	<p>Various initiatives across the CLD sector have been delivered to challenge stigma around poverty, for example Challenge Poverty week 2022 focused promoting opportunities for income maximisation and improving employability skills.</p> <p>The Warm Hands of Friendship provided community groups the opportunity to apply for funding to host a community warm space in response to</p>	 <p>Green</p>

<p>people are interested in participating or developing that will challenge the stigma around poverty and shame - such as housing challenges, cost of living and fuel insecurity. Provide a safe space for community conversations to take place.</p>		<p>needs of those facing inequalities and poverty in with dignity and respect and respond timely and effectively.</p>	<p>the cost of living.</p> <p>Launch of Stigma learning modules on CVS Inverclyde and addition of online content to website that was produced in partnership. Local learning will be used to influence and contribute to NHSGGC work.</p> <p>Other initiatives that offer similar person centred whole systems approach for people facing inequalities and living in poverty include the Home Start Inverclyde project for parents living in areas of deprivation with children under the age of 5 years.</p> <p>The Thrive under 5 projects in Port Glasgow is providing a place-based support service to families to upskill their knowledge around food and nutrition especially for families living on a tight income.</p> <p>The Early Adopter Community for Affordable Childcare is also a place-based family centred approach to provide families living in Port Glasgow with choice and increase their</p>	
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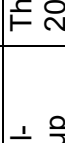
			<p>opportunities to participate in learning, training, employability or help reduce family stress.</p> <p>The library service was awarded the IROC Award in 2022.</p>	
<p>Year 2 Key Achievements</p>				
<ul style="list-style-type: none"> • The Community Council Review has been successful in raising the profile of Community Councils across Inverclyde with higher-than-expected engagement rates. A positive outcome from the review process is the establishment an Association of Inverclyde Community Councils, which is a platform for representatives from all the Community Councils to collaborate; • The Early Adopter Community for Affordable Childcare is a place-based family centred approach to provide families living in Port Glasgow with choice and increase their opportunities to participate in learning, training, employability or help reduce family stress. It also offers support to maximise their household income with either social security benefits or increased working hours to lift the family out of poverty. The childcare is affordable and quality care that supports children's learning through play and activities; • The Thrive under 5 project in Port Glasgow is providing a place-based support service to families to upskill their knowledge around food and nutrition especially for families living on a tight income. This provides parents with information and opportunities to learn about effective ways to feed their families to prevent obesity and malnutrition. A full evaluation from NHS GGC will be available mid-way through 2024; • Other initiatives that offer similar person-centred whole systems approach for people facing inequalities and living in poverty include the Home Start Inverclyde project for parents living in areas of deprivation with children under the age of 5 years. The parents are either referred because of mental wellbeing or low mood or they self-refer because of the peer support available from the Home Start Inverclyde project and they are considered a priority group within the Child Poverty legislation; • Building resilience and participation for people facing the greatest inequalities is the aim of many of the services that have been established in Inverclyde recently including the continuation of the IRISE project for men living in deprivation, with alcohol or drug challenges and mental health issues. The men are offered a wellbeing worker to support them with whatever challenges they face including housing, substance use and employability. The support is continued beyond the first level of training and into employment; • Providing safe spaces for people to come together to be safe, warm, and included is the core purpose of the Warm Hands of Friendship initiative that started in Winter 2022/23. This initiative enabled local communities to establish the services that meet the needs of their users, at times and with resources and food that would reduce social isolation and increase access to other people who either lived close by or had a similar community interest; • The library service was awarded the IROC Award in 2022. The strategic library service plan aligns to the relevant articles showing how important this is considered to be within the service. This year the Young People's Services team expanded programmes given suggestions directly from young adults and now include a study group and dungeons and dragons club (54 young adults attended the study groups 2022-23; 31 young people D&D Club during Summer 2023 and the club is now ongoing). Libraries have worked with 				

partners Barnardo's and Home Start and Young Carers Group to reach children who may not otherwise access library services. (23 Outreach visits in year 2022-23 reaching 1,067 people)

Priority 3: Improve the health and well-being communities					
Key Actions	Timescale	What will success look like?	Who is responsible?	Progress update	RAG Status
Develop a better understanding of the current health and well-being priorities through the Young Person's Health and Well-Being Survey and the Adult Health and Well-Being Survey.	May 2023	There will be a clearer understanding of the priorities, better coordination amongst partners and best practice will be rolled out.	Health and Well-Being Sub-Group	<p>The Young Person's Health and Wellbeing Schools Survey was conducted in October 2022, but response rates were too low to use the data meaningfully. This has been reviewed and there is a plan to roll this out again next year.</p> <p>The Adult Health and Well-Being Survey 22/23 was conducted with a representative boosted sample of adults aged 16 and over. This has now generated a locality report for Inverclyde. The survey sought to engage community opinion on:</p> <ul style="list-style-type: none"> • alcohol drugs, tobacco, and e-cigarette use; • mental health and wellbeing; • food and fuel insecurity; • economic activity; • dental health; • physical health and long-term conditions; and • community connectedness 	 Amber

<p>Identify and promote best practice that will improve the health and well-being of communities.</p>		<p>February 2023</p>	<p>A showcase event for the Community Mental Health and Well-Being Fund will be held to enable best practice to be identified and shared.</p>	<p>Health and Well-Being Sub-Group</p>	<p>The findings will be used to inform policy, strategy and finance decision making.</p> <p>Inverclyde Council's CLD developed and delivered a range of person-centred adult learning and literacy programmes to improve health and wellbeing.</p> <p>Eight warm spaces initiatives were supported by CLD through the delivery of REHIS Food Hygiene programmes to 37 staff and volunteers.</p> <p>WCS have delivered 20 community courses reaching 246 learners, engaging on themes around health and well-being.</p> <p>CVS Inverclyde host the CLW who continue to support vulnerable service users across the locality.</p> <p>Your Voice Community Connectors have provided 7295 wellbeing calls and 3317 interventions.</p> <p>Wellbeing assessments are provided to all the families who access the affordable childcare service to ensure</p>	 <p>Amber</p>
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				<p>that they have information and choice on the benefits and local providers that can improve their families' outcomes.</p> <p>Young Persons Substance Use Workers have been employed to deliver a six-week educational model to all young people in Inverclyde S1-S6, this will take place in educational settings and informal youth settings. The information will be delivered to parents and partners to provide consistency around language and learning.</p> <p>CLD Youth Work Services provide school and community-based programmes, supporting young people with their health and well-being. This is a key priority in Attainment work, Senior Phase youth drops in and Detached youth work, targeted and non-targeted specific work.</p> <p>St Andrew's First Aid worked alongside Inverclyde Libraries to deliver a first aid community awareness</p>
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Investigate the possibility of undertaking a small-scale case study in conjunction with a university to allow new research, policy and practice to be identified and developed.	September 2023	New research, policy and practice will be identified and developed.	Health and Well-Being Sub-Group	<p>project which is a place-based approach to first aid and aims to help people in the community become confident and competent in first aid.</p> <p>Libraries run Chatty Café and Book groups which address issues of social isolation and loneliness</p> <p>This will be progressed in 2024.</p>	 Amber
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Year 2 Key Achievements



- A literature review was conducted to better understand and evaluate the impacts of e-cigarettes on children and young people, provide insights into key areas and suggest recommendations NHSGGC. A report has now been produced and the findings will be used to inform topic-based developments, policy, strategy, and finance decision making;
- CVS Inverclyde worked in partnership with Inverclyde Council and offered volunteering as a positive destination option. This initiative continues to work well, in particular the weekly youth hubs;
- Inverclyde Food Network continues to promote food growing opportunities and promote healthy cooking options;
- Provision of free sanitary products across Inverclyde and online for people who cannot access them from the range of partner establishments;
- 20 Organisations/groups received funding via the Inverclyde Communities Mental Health and Wellbeing Fund for Adults 2022/23;
- The newly established Adult Learning and Literacies' Multiply Team offers the delivery of Emotional Finance which explores the relationships participants have between spending, borrowing and the emotional triggers that happen because of this. This results in personalised approaches to finance and money management that help give people back control of their finances and alleviate the stress they may feel if they have poor financial health and decision-making skills;

- Numbers for Work-understanding numbers for preparing for work, getting work, and staying in work;
- Support for 8 warm spaces initiative by delivering face to face REHIS Food Hygiene courses to 37 staff and volunteers. This work has enabled warm spaces to operate safe services and reduce the risk of any health and safety related issues. Warm Space partners include St Mary's Church, Salvation Army, Lyle Gateway and Kidron;
- Adult learning health and wellbeing programmes have shown an increase of 50% with 63 learners participating in courses such as Positive Futures which combines positive psychology and mindfulness to reduce stress and anxiety;
- 21 learners completed the SQA Mental Health and Wellbeing unit at Level 5 equipping them with knowledge, skills and experience to support those in our community who have mental health issues either in their work or personal lives;
- An innovative CLD/DWP partnership has been developed to support those furthest from the labour market who have physical and mental health issues and longer term unemployed. In two months from May to June 2023, 11 learners have tracked into CLD provision from this work;
- Streamlined the Home School Link Work Service in the six mainstream secondary schools and their cluster primary schools to prioritise enhanced transitions, non-attendance and health and wellbeing. This service will improve support to parents and young people to enhance parental engagement in schools at key points in a young person's school journey. The enhanced transition from primary to secondary school in 2022/23 supported more than 80 young people to ensure they were settled into S1 in August 2023;
- WCS Community College provision has run 20 courses with over 246 learners enrolling and 190 completing their course. Courses ranged from Calms Connections, Stress Management, Horticulture and Social Sciences. The partnership for this work includes CLD, Inverclyde Libraries, Branchton CC, Auchmountain Halls CC, Inverclyde Food Network and Parklea Branching Out. A steering group has been set up to co-ordinate joint needs assessment, planning, pathways and evaluation of future work. This steering group has initiated work on creating a partnership induction for all WCS community courses;
- 1041 community members have participated in Dementia awareness sessions delivered by Your Voice., resulting in improved understanding of dementia throughout our community and awareness of the services, resources, and facilities available in Inverclyde. 550 in depth engagements exploring specific opinions, issues, and resources on a one-to-one basis;
- Starter packs Inverclyde delivered over 1000 starter packs across Inverclyde via a variety of partners such as Riverclyde Homes, Social work and Refugee integration team;
- Homestart Inverclyde was commissioned to provide mentoring and coaching support for 25-30 families with children younger than 5 years, living on low income, and who have challenges with mental health and anxiety. Homestart Inverclyde has supported more than 170 families with a range of early intervention support including income maximization, cooking for families on a budget and wellbeing and coping with anxiety. The development of the Homestart Inverclyde Project has empowered parents: 36 parents have become trained volunteers within the service, 23 engaged parents received Stepwell Cooking training, 18 participated and engaged in support and financial advice training (CAP). 11 parents have moved into employment or started their employability journey and 8 people from Black and minority ethnic communities have come together to receive support settling into Inverclyde;

- Action For Children Inverclyde Wellbeing Service is an emotional health and wellbeing service, promoting positive mental health by sharing tools, strategies and developing the skills of children and young people, to help improve and maintain good mental health by focusing on all areas which can impact positively on them, including health and fitness/exercise, sport, activities, and relationships;
- In recognition of the negative impact of the Cost-of-Living Crisis on the residents of Inverclyde, Inverclyde Council provided £90,000 to support and encourage communities to work together to help each other during the 2022-23 winter months. As the local Third Sector Interface, CVS Inverclyde worked in partnership with Inverclyde Council to administer the Warm Hand of Friendship Small Grant Fund. The initial £90,000 was allocated before Christmas 2022, with 33 community groups receiving a portion of this funding. Inverclyde Health and Social Care Partnership provided an additional £50,000 to continue the initiative, which provided funding for an additional 18 community groups. The period between October and December 2022 is considered Round 1, and Round 2 from January to March 2023.
- St Andrew's First Aid worked alongside Inverclyde Libraries to deliver a first aid community awareness project which is a place-based approach to first aid and aims to help people in the community become confident and competent in first aid. The pilot project which tailored services to needs is running in Inverclyde for three years. In 2022 first aid information & training sessions were delivered to staff and library In January 2023 Inverclyde Libraries were selected as finalists in one of the nine categories in the 2023 Scottish First Aid Awards: Community First Aid Champion;
- Libraries in Partnership with Audiology Department at Inverclyde Royal Hospital (IRH) distribute NHS hearing aid batteries and during the calendar year distributed 2,765 batteries from library branches, an increase of 1,412 from the previous year alongside 42 NHS Walking Stick/ Crutch Ferrules issued to customers during 2022-23;
- Libraries run Chatty Café and Book groups which address issues of social isolation and loneliness (1,253 people attended Chatty Cafes over 300 sessions and 214 people attended library Book Groups over 50 sessions). During 2022-23 Inverclyde Libraries also worked with partner organisations to address other issues facing the Inverclyde community. In partnership with Your Voice, 3 menopause peer support groups were held within Greenock Central, Port Glasgow and Gourock libraries for a pilot period of 3 months. For household residents 5848 items were issued to our Books on Wheels Customers for 2022-23;
- As part of Inverclyde's Warm Hand of Friendship initiative, Libraries launched the Movie Magic programme in October 2022 to provide a warm space for families to enjoy a film screening together. Free snacks and hot drinks were also available for attendees. The closed Facebook group created to comply with the film license conditions now has 186 members creating audience for movies in Greenock Central Library;
- Inverclyde Libraries are actively contributing to "A Collective Force for Health and Wellbeing" Refreshed Collective Force for Health and Wellbeing Action Plan - Health and Social Care Alliance Scotland (alliance-scotland.org.uk). This is a partnership approach to assisting the public support their own health conditions through access to trusted information and services. A Collective Force for Health and Wellbeing was sponsored and championed by Professor Sir Gregor Smith the Chief Medical Officer for Scotland. This initiative was highly commended at the recent SLIC awards; and
- Alzheimer Scotland & Inverclyde Libraries' are working together on a Dementia Pathfinder alongside participating in the Dementia Friendly Inverclyde Initiative and welcomed the opportunity for libraries by Your Voice to be audited with a view to improving access to people both living with dementia and supporting those who do. Libraries launched of the Collective Force for Health & Wellbeing

Dementia Pathfinder at a partner event in May, welcoming people living with dementia along with their carers and offered taster sessions using some of our resources including Playlist for Life and the use of VR headsets to stimulate memories through immersive experiences.

Priority 4: Develop a workforce for the future					
Key Actions	Timescale	What will success look like?	Who is responsible?	Progress update	RAG Status
A workforce development survey will be carried out and the results will inform the development of an action plan to develop the workforce during 2023 and 2024.	Complete by end of March 2023	<p>An action plan will be developed to take forward the results from the survey.</p> <p>A series of partnership events will be held to address the issues from the survey.</p>	Workforce Development Subgroup/IPF	<p>Regular meetings of the Inverclyde Practitioners Forum (IPF) re-established. Events held in Nov 22, February, and June 23</p> <p>Membership of the Inverclyde Practitioners Forum (IPF) has increased with over 250 members, representing 40 organisations.</p> <p>Steering group representation from 8 organisations: CLD, SDS, MCMC, Unity Ent., The Bothy, CVS, Street League and WCS.</p> <p>Draft practitioner survey considered at Practitioners Steering group and full meeting. Final survey completed.</p> <p>Plan being reviewed at IPF and CLD Coordination Group in November 23 to inform a training plan for 2024.</p>	 Amber

<p>Increase membership of the CLD Standards Council within the CLD Partnership in Inverclyde.</p>	<p>Ongoing for the duration of the plan</p>	<p>September 22 Working for the LA-12 Registered members- 21 Recorded as being in the 3rd sector in Inverclyde-17 Associates and 3 Registered members. The baseline is 53</p>	<p>Workforce Development Sub-Group/IPF</p>	<p>A membership information session was held in April 2023 with 32 CLD partnership staff attending.</p>	 Green
<p>Develop a two-year plan to build confidence and resilience amongst the workforces. This will include a series of events to enable the workforce to learn about new policy and research, best practice and share ideas and knowledge.</p>	<p>End of March 2023</p>	<p>A two-year action plan will be developed with a schedule of events.</p>	<p>Workforce Development Sub-Group/IPF</p>	<p>The focus was on growing the membership, attendance, and support of the workforce at the IPF events in 2023. The workforce survey will be refreshed in November 2023 and year 3 of the action plan developed by March 2024. Practice sharing carried out as part of IPF events/inputs. The CLD Service is developing an online course on Reflective Practice in partnership with Education Scotland. The course is currently at the approvals stage with an anticipated roll out in August 2024</p>	 Amber

			2 workforce development presentations were delivered to the Inverclyde Practitioners Forum and CLD Partnership staff on the CLD 3-Year Plan	
Year 2 Key Achievements				
<ul style="list-style-type: none"> • The Inverclyde Practitioner’s Forum has increased its membership with over 250 members, representing 40 organisations; and • A series of 3 events brought the CLD workforce together to share knowledge and practice. <p>A range of workforce development and training was delivered by Community Learning and Development Service including:</p> <ul style="list-style-type: none"> • Training input delivered to partners to identify what their understanding of a CLD approach was and how this was evidenced in the work that they do with their client groups; • 8 practice modelling sessions delivered to upskill the Multiply workforce; • Cross authority training accessed via West Dunbarton Council in partnership with Learning Link Scotland to share practice in learning activities and resources for Multiply programmes; • Assessor and Verifier training offered to external partners, Ocean Youth Trust and Parklea to enable the staff to offer accredited learning within their own learning programmes, such as Personal Development Awards and Personal Achievement Awards; • Practice sharing event with North Ayrshire ESOL team around online and digital tools to support ESOL learning activities; • Practice sharing event with Dundee Digital CLD project to look at Moodle as a platform for online learning, and accreditation opportunities; • 6 volunteers undertook RAAL (Raising Awareness of Adult Literacies) at SCQF Level 6; • National youth work induction to staff and the PDA in youth work for part-time staff and volunteers; • Challenging Poverty Events: workshop sessions for staff to attend around developing services for people facing inequalities, including child poverty action planning sessions and affordable childcare sessions; • CLD has been developing an online course on Reflective Practice in partnership with Education Scotland which will be freely available to CLD practitioners both locally and nationally. The course is currently at the approvals stage with an anticipated roll out in March 2024; • CLD has supported Dumfries and Galloway Council to operate their own Moodle online learning platform. Regular bi-monthly meetings take place to share practice, courses, and technical information; 				

- Moodle staff training guides have been developed to support any partners wishing to utilise the learning platform to host content or courses; and
- 2 workforce development presentations have been delivered to the Inverclyde Practitioners Forum and CLD Partnership focusing on the CLD 3-Year Plan. The core of this work reinforced that ‘We are all CLD practitioners’ as CLD can be an organisation, also a profession and ‘a way of working’.

Revised Action Plan 2023-24

Priority 1: Development of digital services				
Key Actions?	Timescale	What will success look like?	Who is responsible?	
Establish a multiagency dedicated Digital Sub – Group with short term Terms of Reference for the remainder of this plan.	December 2023	A specific group with local partners will be established to take forward the co-ordination of key actions.	Team Leader: Community Safety & Resilience	
Carry out a digital access audit with a sample of learners across Inverclyde to identify barriers to digital inclusion.	June 2024	Barriers to digital inclusion will be identified and better understood. Results of audit will inform future planning.	CLD Partnership Digital Sub-group	
Carry out a review of how the CLD Partnership is delivering digital services and whether our Infrastructure, digital devices, on-line learning platforms and licenses are fit for purpose.	August 2024	The range of digital provision and content being delivered will be mapped and areas for improvement identified.	Digital Sub-Group	
Increase participation in employment, training and learning by those who are digitally excluded.	End of year 3	The agreed definition for digital isolation and associated roadmap will be disseminated across the partnership to inform the development of an ICT delivery plan. This will enable learners and members of the community who are unable engage in employment, training or learning because they are digitally excluded to be identified and supported. Innovative approaches and tools will be developed to facilitate engagement with those who are identified as being digitally excluded.	Digital Sub-Group	

Priority 2: Empowering communities				
Key Actions	Timescale	What will success look like?	Who is responsible?	
Establish a multiagency dedicated Empowering Communities Sub – Group with short term Terms of Reference for the remainder of this plan.	December 2023	A specific group with local partners will be established to take forward the co-ordination of key actions.	Team Leader: Communities	
Work towards establishing Community Councils across the 11 Community Council areas.	December 2024	We will have 11 Community Councils in operation in Inverclyde that are confident to undertake their role.	CLD	
Review the existing 6 locality actions plans. Mapping out current provision and developing safe places for engagement such as conversation cafes, to encourage participation by going to places that people already attend to listen and communicate without agenda.	September 2024	The updated locality plans will reflect the needs of the 6 locality areas with clear timebound actions.	Empowering Communities Sub-Group	
Create a strategic link that will co-ordinate the outcome of both the Locality Action Plans and the Locality Groups. Ensure that the democratic decisions taken by local people form the locality action plans are incorporated into the Community Planning Partnership strategic assessments.	June 2024	The reviewed model will reflect both community needs and capacity which building upon existing structures. People will tell us that they can see their choice and voice in Community Planning and Locality Planning reports and assessments.	Empowering Communities Sub-Group	
Review the role and purpose of the Communication and Engagement Groups.	June 2024	The reviewed model will reflect both community needs and capacity which building upon existing structures. People will tell us that they can see their choice and voice in Community Planning and Locality Planning reports and assessments.	CLD	

Develop a CLD sector Communication and engagement plan to be implemented in April 2025	April 2025	There will be less “consultation fatigue” in the community as information and data will be gathered through conversations, discussion, and debate and used to establish local decision making and actions.	Empowering Communities Sub-Group
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Priority 3: Improve the health and wellbeing of communities

Key Actions	Timescale	What will success look like?	Who is responsible?
Re-establish a multiagency dedicated Health and Wellbeing Sub – Group with short term Terms of Reference for the remainder of this plan.	December 2023	A specific group with local partners will be established to take forward the co-ordination of key actions.	Team Leader: Communities and Anti Poverty
Develop a better understanding of the current health and well-being priorities through the Young Person's Health and Well-Being Survey and the findings from the Adult Health and Well-Being Survey 2023	June 2024	There will be a clearer understanding of the priorities, better co-ordination amongst partners and best practice will be rolled out.	Health and Well-Being Sub-Group
Identify and promote best practice that will improve the health and wellbeing of communities and further implement the Active Inverclyde strategy.	June 2024	Case studies and practitioner events will identify and share best practice	Health and Well-Being Sub-Group
Investigate the possibility of undertaking a small-scale case study in conjunction with a university to allow new research, policy and practice to be identified and developed.	September 2024	New research, policy and practice will be identified and developed.	Health and Well-Being Sub-Group

Priority 4: Develop a workforce for the future				
Key Actions	Timescale	What will success look like?	Who is responsible?	
Carry out a CLD practitioners workforce development event. The results from both this and a refreshed survey will inform the development of an action plan to continue to develop the workforce during 2024. Volunteer needs will be fed into the plan from the Volunteer Strategy, where relevant.	Complete by end of March 2024 (event and plan) Sept 2024	An action plan will be developed to take forward the results from the survey and workforce dev event, including the delivery of training. The needs of the workforce will be better understood and supported. A baseline and profile of the workforce will be established.	Workforce Development Sub-Group Practitioner's Group	
A workforce development Sub-Group will be set up to work in partnership with the Practitioner's Forum to take forward the actions from the workforce development event.	Dec 2023	A specific group with local partners will be established to take forward the co-ordination of key actions.	Team Leader: Adult Learning and Literacies	

<p>Increase membership of the CLD Standards Council within the CLD Partnership in Inverclyde.</p>	<p>Ongoing for the duration of the plan</p>		<p>Workforce Development Sub-Group Practitioner's Group</p>
<p>Build the capacity of the workforce through practice and resource sharing.</p> <p>Develop and deliver a staff development and training calendar for the CLD workforce.</p> <p>Examine the development of a virtual space for the workforce to share information, practice, and resources.</p>	<p>Feb 24 (plan) Sept 24</p>	<p>A training plan and calendar of events will be developed based on need.</p> <p>Practitioners' report</p> <p>Increased capacity</p>	<p>Workforce Development Sub-Group Practitioner's Group</p>



Report To:	Inverclyde Alliance Board	Date: 4 Dec 2023
Report By:	Vicki Cloney, Chair, Inverclyde Community Justice Partnership	Report No:
Contact Officer:	Ian Hanley, Community Justice Lead Officer	Contact No:
Subject:	Inverclyde Community Justice Partnership- Community Justice Outcomes Improvement Plan Update	

1.0 PURPOSE

- 1.1 The purpose of this report is to provide the Inverclyde Alliance Board with an update in respect of the future publication of the Inverclyde Community Justice Outcomes Improvement Plan.

2.0 SUMMARY

- 2.1 The Community Justice (Scotland) Act 2016 (The Act) provides the statutory framework for the model of community justice at a national and local government level. The Act stipulates adherence must be given to the publication of a Community Justice Outcomes Improvement Plan (CJOIP) in each local authority area.
- 2.2 In respect of the current Inverclyde CJOIP, the current plan was extended to 2023 following a recommendation by the Inverclyde Community Justice Partnership. Progress reports in respect of the delivery of a revised CJOIP have been raised to the Inverclyde Alliance Board in October 2021 and March 2023.
- 2.3 Following publication of Scottish Government documents which sets out the strategic direction of community justice in Scotland and at a local level, Inverclyde Community Justice Partnership can now finalise arrangements for the publication of the Inverclyde CJOIP. An indicative timeline is provided in sections 4.8 to 4.13 of the report which includes draft publication, proposed engagement activities and submission to the Inverclyde Alliance Board for approval in June 2024.

3.0 RECOMMENDATIONS

- 3.1 It is recommended that the Alliance Board:
- Notes the progress of the delivery towards publication of the Inverclyde Community Justice Outcomes Improvement Plan, specifically around the delivery timetable.
 - Considers its preference with respect to the consultation and engagement of the draft plan as considered in the recommendations section of the report.

4.0 BACKGROUND

- 4.1 In order to provide context to the future delivery of the new Inverclyde CJOIP, section four of the report intends to provide an overview of the national context, progress thus far in preparation of the Inverclyde CJOIP and proposed activity leading to the publication of the Inverclyde CJOIP.

SCOTTISH GOVERNMENT/NATIONAL CONTEXT OF COMMUNITY JUSTICE

- 4.2 In June 2022, the Scottish Government published the revised [National Strategy for Community Justice](#). The strategy sets out four national aims for community justice, and thirteen priority actions which the Scottish Government and community justice partners should seek to deliver over the duration of the strategy. To achieve these, partners must work closely together. Effective coordination and collaboration are key and community justice partners must ensure they have a clear focus on delivery.
- 4.3 The [Community Justice Performance Framework](#) was published in March 2023 and sets out nine nationally determined outcomes which are to be achieved in each local authority area, and ten national indicators which are to be used in measuring performance in achieving the outcomes.
- 4.4 In June 2023, the Scottish Government published a delivery plan which contains time-limited deliverables. The plan details the activity which the Scottish Government and national community justice partners are taking forward to drive improvement towards each of the priority actions in the strategy. If the delivery plan is achieved, it should support progress towards achieving both the priority actions in the strategy and ultimately the nine nationally determined outcomes in the Community Justice Performance Framework. The [Community Justice Delivery Plan](#) has a range of improvement activity between 2023 and 2026.
- 4.5 The Act requires that local partners must review their CJOIP after the publication of a revised national strategy for community justice and revised performance framework. The Inverclyde CJP held the view that a new local CJOIP was needed for Inverclyde and proposed to extend the current Inverclyde CJOIP by one further year and to produce the next Inverclyde CJOIP during the 2023/24 reporting year. In advance of this, a paper was prepared for the Inverclyde Alliance Board at its meeting on 4 October 2021 accepting the recommendation to endorse the decision to extend the current Inverclyde CJOIP. A further update was provided to the Inverclyde Alliance Board at its meeting on 13 March 2023.

INVERCLYDE CJOIP PROGRESS

- 4.6 During the 2022/23 reporting year, Inverclyde Community Justice Partnership held two development sessions to consider the future CJOIP and have developed a plan that will take cognisance of the four national priority aims (as set out in the National Strategy for Community Justice); (i) optimise the use of diversion and intervention at the earliest opportunity, (ii) ensure that robust and high quality interventions and public protection arrangements are consistently available across Scotland, (iii) ensure that services are accessible and address the needs of individuals accused of or convicted of an offence and (iv) strengthen the leadership, engagement and partnership working of local and national community justice partners. The Community Justice Partnership have also identified a local priority aim (locally determined outcome) around improving the housing and homelessness outcomes for individuals in the justice system.
- 4.7 In preparation for the publication of the Inverclyde CJOIP, the Inverclyde Community Justice Partnership confirmed changes to the previous structural arrangements. This improved the family group structure within the Community Justice Partnership with the creation of additional sub-groups and the refocussing of existing sub-groups. Additionally, work has been undertaken to strengthen arrangements with other strategic groups in Inverclyde ensuring opportunities for better partnership working leading to better outcomes for individuals in the justice system.

PROPOSED CJOIP ACTIVITY

- 4.8 The Inverclyde Community Justice Partnership Board is scheduled to meet on Tuesday 12 December 2023 where the Partnership are being asked to approve the release of the Draft Inverclyde Community Justice Outcomes Improvement Plan 2024.
- 4.9 Section 20(4) and section 20(5) of The Act requires that the community justice partners in preparing a plan for the local area must make all reasonable efforts to secure the participation of a range of partners in preparing the plan and must consult with Community Justice Scotland, third sector bodies involved in community justice in relation to the area, community bodies in relation to the area and such other persons as the Partnership considers appropriate (Section 20(6)).
- 4.10 Although not an exhaustive list, those partners, third sectors partners and other such persons include; all Inverclyde CJP Board Members, Inverclyde Community Justice Third Sector Forum, community groups as supported by Inverclyde Council Community Learning and Development, Your Voice Inverclyde and CVS Inverclyde, other strategic partnership where there is a shared relationship (such as Inverclyde Alcohol Drug Partnership, Inverclyde Community Safety Partnership), elected members, those individuals with lived or living experience of the justice system and the Inverclyde Alliance Board.
- 4.11 Consultation and engagement of the draft strategy will be undertaken during January to March 2024 through a range of on-line and in person events. The Act requires that the community justice partners for the local area must publish a 'participation statement', practically it has been suggested that this takes the form of an analysis of responses and is appended to the published CJOIP. In order that the CJP considers the responses this analysis will include a 'how we will respond' section outlining any improvement activity identified.
- 4.12 It is likely that the CJP Board will meet on Tuesday 26 March 2024 where the CJOIP will be formally confirmed. In line with previous arrangements this will then be tabled at the following Inverclyde Alliance Board meeting for approval/endorsement.
- 4.13 The finalised/published Inverclyde CJOIP is likely to include a range of associated documents which will include; a Strategic Needs and Strengths Assessment, a Participation Statement (as outlined at 4.11), a Performance Framework and other governance documents such as an Community Justice Memorandum of Understanding, Equality Impact Assessment and Data Protection Impact Assessment.

5.0 PROPOSALS

- 5.1 The Inverclyde Alliance Board are asked to consider its preference with regards to how it wishes to be consulted with as set out in sections 4.9 and 4.10 of the report. As our parent group it is important that the views of the Inverclyde Alliance Board are considered as part of our consultation response. Sections 5.2 and 5.3 make some proposal for the Alliance Board's consideration.
- 5.2 As noted at 4.10 it is the intention to host a series of on-line and in person engagement events. Should it satisfy the Inverclyde Alliance Board those events can be shared with Alliance Board members to consider attending those events individually. Additionally, the CJP Board Chair will be writing to all statutory partners with an opportunity to respond through means of a consultation survey if they are unable to attend the on-line and in person events.
- 5.3 The Community Justice Partnership recognises the demand on business discussed at the Inverclyde Alliance Board, however should it satisfy the Inverclyde Alliance Board, the CJP would welcome a further opportunity to engage at the next Alliance meeting taking the views of the Inverclyde Alliance Board as a whole.

6.0 IMPLICATIONS

6.1 Legal

Section 19 of the Community Justice (Scotland) Act 2016 requires the community justice partners for the area of a local authority to publish a plan in relation to community justice for the area. Section 20 of The Act requires that the preparation of a community justice outcomes improvement plan must have regard to the local outcomes improvement plan for the local area.

Finance

A Community Justice Lead Officer is appointed and hosted by Criminal Justice & Children's Services within Inverclyde HSCP using Scottish Government funding (Community Justice Partnerships- funding to support collaborative working). The total funding to each local authority is £62,500.

Human Resources

None

Equality and Diversity

An Equalities Impact Assessment will be completed with the published Community Justice Outcomes Improvement Plan.

Alliance Partnership Plan:

The Inverclyde Community Justice Partnership and community justice activity sits under theme 4- a supportive place.

7.0 CONSULTATIONS

7.1 None

8.0 LIST OF BACKGROUND PAPERS

8.1 Inverclyde Community Justice Partnership Update- Inverclyde Alliance Board, 13 March 2023.

8.2 Inverclyde Community Justice Partnership Update- Inverclyde Alliance Board, 4 October 2021.



Inverclyde Alliance

AGENDA ITEM NO: 11

Report To:	Inverclyde Alliance Board	Date:	4 December 2023
Report By:	Head of Legal, Democratic, Digital & Customer Services, Inverclyde Council	Report No:	
Contact Officer:	Lindsay Carrick	Contact No:	01475 712114
Subject:	Programme of Alliance Board Meetings 2024		

1.0 PURPOSE

- 1.1 The purpose of this report is to request the Board to agree to a programme of dates for meetings of the Inverclyde Alliance Board to December 2024.
- 1.2 The suggested dates continue the programme of quarterly meetings of the Alliance Board, and these are set out in appendix 1 to the report.

2.0 RECOMMENDATIONS

- 2.1 It is recommended that the Alliance Board agrees the programme of Alliance Board meetings to December 2024, as detailed in the appendix to the report.

Iain Strachan
Head of Legal, Democratic, Digital & Customer Services,
Inverclyde Council

INVERCLYDE ALLIANCE BOARD

Submission Date	Pre-Agenda Meeting	Issue Agenda	Board Meeting
Fri 16 February 2024	Wed 28 February 2024 – 1.30pm	Mon 4 March 2024	Mon 18 March 2024- <u>1pm</u>
Fri 17 May 2024	Wed 29 May 2024 – 1.30pm	Mon 3 June 2024	Mon 17 June 2024 – <u>1pm</u>
Fri 30 August 2024	Wed 11 September 2024– 1.30pm	Mon 16 September 2024	Mon 30 September 2024 – <u>1pm</u>
Fri 1 November 2024	Wed 13 November 2024 – 1.30pm	Mon 18 November 2024	Mon 2 December 2024 – <u>1pm</u>