

AGENDA ITEM NO: 6

Report To:	Inverclyde Integration Joint Board	Date:	25 September 2023
Report By:	Kate Rocks Chief Officer Inverclyde Health & Social Care Partnership	Report No:	IJB/39/2023/KR
Contact Officer:	Kate Rocks Chief Officer Inverclyde Health & Social Care Partnership	Contact No:	01475 712722
Subject:	Chief Officer's Report		

1.0 PURPOSE AND SUMMARY

- 1.1 □For Decision □For Information/Noting
- 1.2 The purpose of this report is to update the Integration Joint Board on service developments which are not subject to the IJB's agenda of 25 September 2023.

2.0 RECOMMENDATIONS

- 2.1 The report details updates on work underway across the Health and Social Care Partnership in relation to:
 - Learning Disability new development continues
 - GP List Closures
 - Delayed Discharges
 - Alcohol and Drug Partnership (ADP) Annual Reporting Survey 2022-23
 - Drug Deaths
 - Homelessness Service
 - Recovery Walk

Kate Rocks Chief Officer Inverclyde Health and Social Care Partnership

3.0 BACKGROUND AND CONTEXT

3.1 The IJB is asked to note the HSCP service updates and that future papers may be brought forward to the IJB as substantive agenda items.

4.0 BUSINESS ITEMS

4.1 Community Hub



Planning permission has been approved for the New Community hub for people with complex neurodiversity and learning disability. Building warrants have been applied for with the first stage warrant in place; construction should commence later this year and be completed by the end of 2024, subject to financial close which is projected in 3rd Quarter 2023.

The community hub is an inclusive community space and will be developed to support these principles to ensure that that users can enjoy integrated experiences and are not stigmatised. This is a fundamental tenet to our values as a HSCP and Council.

Consultation and engagement with service users, parents and carers, staff and other stakeholders has continued throughout to ensure the design meets the brief and will we continue consulting with our community on the official name of the Community Hub.

As with all major construction it is important to note risk management and constraints, especially in the current economic climate where extraordinary rises in the price of materials could impact on the delivery and timing of this project.

This is an ambitious project to create a community facility in Inverciyde fit for the future.

4.2 GP List Closures

Currently 7 GP practices in Greenock and Gourock have formally closed their lists to new registrations with potential reopening dates in late September and October. These closures are unprecedented and have been related to ongoing workload and recruitment issues within Primary Care as well as increased registrations from Asylum Seekers and Foreign Nationals on student visas.

The HSCP is working with these practices to try and facilitate reopening within the next couple of months. Patients who are unable to directly register with a GP practice are being allocated via colleagues at Practitioner services division to ensure no one is left without a GP.

4.3 Delayed Discharges

Delays in the discharge of service users from the Acute system to their own home continues to be a challenge for services, with the main areas of delay as a result of availably of Care and Support at Home packages and service users delayed due to legal issues around Adults with Incapacity legislation.

Although the delay position remains a challenge, we are seeing a positive decrease in delays as a result of our use of intermediate bed use, investment in the development of the Social Care workforce, Healthcare Support Worker team and Allied Health Professionals. The service is also examining innovative ways to support carers through the use of Self-Directed Payments to support hospital discharge.

Adult services are working in partnership with the Acute system to ensure that delays as a result of AWI are kept to a minimum as a result of legal requirements.

We are also supporting the development of the external homecare market by increasing the quality to cost ratio (70% Quality/30% Cost) to attract new homecare providers into Inverclyde which will support hospital discharge. As a result of a reduction in external care home providers we are currently seeing a move to 80% Internal Care at Home support, with 20% external. The service continues to monitor this position and will update at future IJB meetings.

4.4 Alcohol and Drug Partnership (ADP) Annual Reporting Survey 2022-23

The ADP Annual Reporting Survey was approved by the Independent Chair of the ADP returned to the Scottish Government during recess. The IJB is asked to approve the contents within the submission (appendix 1).

4.5 **Drug Deaths**

I am deeply saddened to report that despite our efforts locally, the significant reduction in deaths reported in 2021 has not continued into 2022 with an increase of 81% from 16 to 29 people losing their lives to drug misuse in 2022. This is more in keeping with the local 5-year rolling average.

The number of people who lost their lives to alcohol related harm has risen from 26 in 2021 to 28 in 2022, again this is in line with the 5-year local average, but higher than the Scottish average.

The roll out of Naloxone, improved pathways into treatment and recovery along with wider community awareness and anti-stigma work is all underway to support those who find themselves at risk of harms from drug and/or alcohol use. There is a strong a volunteer network of people in recovery, all organisations employ people in recovery to ensure the voice of lived experience shapes the support

4.6 Homelessness Service

The Change Programme continues with option appraisal work underway to determine the future accommodation and staffing requirements as we continue to modernise the service. This detail will be presented to the November IJB.

The service is registered with the Care Inspectorate as a Housing Support Service, with an unannounced inspection taking place in September 2023. This is the first inspection since 2019 and despite the constraints of the current hostel accommodation, developing the three distinct teams of Assessment, Accommodation and Support has strengthened the position of the service achieving:

- 5 Very good in both categories Leadership and Staffing Evidencing major strengths in supporting positive outcomes for the people accessing the service with some minor areas of adjustment and improvement.
- 4 Good in both categories Planning and Wellbeing Evidencing strengths that have a significant effect on people's experiences which outweigh the areas found for improvement.

The service has also been nominated for Scotland Housing Awards and have made the shortlist to the finals in six out of the seven categories nominated: -

- Housing Team of the year
- The Marion Gibbs Award
- Housing Led Approaches to Homelessness
- Excellence in Communications
- Excellence in Learning and Development
- Working in Partnership

I look forward to hearing the outcome of the awards night being held on 27 October 2023.

4.7 Recovery Walk

September is Recovery Month and all partners in the ADP have contributed to various events across Inverclyde including the Open Doors events, music concerts, drama, art exhibitions, filming of a recovery video and a football tournament to showcase all of the good work going on as everyone works together in supporting people through their recovery journey. I am delighted that Inverclyde has the privilege of hosting the National Recovery Walk on Saturday 23 September, in collaboration with the Scottish Recovery Consortium, with thousands of people from across Scotland taking part. It is a real opportunity for everyone travelling to Inverclyde to experience the beautiful surroundings and community spirit we have in abundance in Inverclyde

5.0 IMPLICATIONS

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

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

5.2 Finance

One off Costs

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

Annually Recurring Costs/ (Savings)

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

5.3 Legal/Risk

There are no legal implications within this report.

5.4 Human Resources

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

5.5 Strategic Plan Priorities

5.6 Equalities

(a) Equalities

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

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

(b) Equality Outcomes

How does this report address our Equality Outcomes?

Equalities Outcome	Implications
People, including individuals from the above protected characteristic groups, can access HSCP services.	Strategic Plan aimed at providing access for all.
Discrimination faced by people covered by the protected characteristics across HSCP services is reduced if not eliminated.	Strategic Plan is developed to

	1
	oppose
	discrimination.
People with protected characteristics feel safe within their communities.	Strategic Plan
	engaged with
	service users with
	protected
	characteristics.
People with protected characteristics feel included in the planning and	Strategic Plan
developing of services.	engaged with
	service users with
	protected
	characteristics.
HSCP staff understand the needs of people with different protected	Strategic Plan
characteristic and promote diversity in the work that they do.	covers this area.
Opportunities to support Learning Disability service users experiencing	Strategic Plan
gender-based violence are maximised.	covers this area.
Positive attitudes towards the resettled refugee community in Inverclyde	Strategic Plan
are promoted.	covers this area.

(c) Fairer Scotland Duty

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

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

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

(d) Children and Young People

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

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

5.7 Clinical or Care Governance

There are no clinical or care governance implications arising from this report.

5.8 National Wellbeing Outcomes

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

National Wellbeing Outcome	Implications
People are able to look after and improve their own health and	Strategic plan
wellbeing and live in good health for longer.	covers this.
People, including those with disabilities or long-term conditions or who	Strategic plan
are frail are able to live, as far as reasonably practicable, independently	covers this.
and at home or in a homely setting in their community.	
People who use health and social care services have positive	Strategic plan
experiences of those services, and have their dignity respected.	covers this.
Health and social care services are centred on helping to maintain or	Strategic plan
improve the quality of life of people who use those services.	covers this.
Health and social care services contribute to reducing health	Strategic plan
inequalities.	covers this.
People who provide unpaid care are supported to look after their own	Strategic plan
health and wellbeing, including reducing any negative impact of their	covers this.
caring role on their own health and wellbeing.	
People using health and social care services are safe from harm.	Strategic plan
	covers this.
People who work in health and social care services feel engaged with	Strategic plan
the work they do and are supported to continuously improve the	covers this.
information, support, care and treatment they provide.	
Resources are used effectively in the provision of health and social care	Strategic plan
services.	covers this.

5.9 Environmental/Sustainability

Summarise any environmental / climate change impacts which relate to this report.

Has a Strategic Environmental Assessment been carried out?

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

5.10 Data Protection

Has a Data Protection Impact Assessment been carried out?

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

6.0 DIRECTIONS

6.1

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

7.0 CONSULTATION

7.1 The report has been prepared by the Chief Officer of Inverclyde Health and Social Care Partnership (HSCP) after due consideration with relevant senior officers in the HSCP.

8.0 BACKGROUND PAPERS

8.1 None.

Appendix 1

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 <u>it is not expected that</u> <u>every ADP will have all of these in place</u>. 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 <u>Official</u> <u>Statistics</u> 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 <u>signed off by</u> <u>the ADP and the IJB</u>, 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 <u>substanceuseanalyticalteam@gov.scot</u>.

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)
- \boxtimes Drug death review group
- oxtimes Drug trend monitoring group/Early Warning System
- \Box None
- \Box Other (please specify):

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

[single option]

□ Yes

🛛 No

 \Box 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	2.7
including fixed-term and temporary staff,	
and those shared with other business areas)	
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]

 \boxtimes Yes

 \Box 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]

oxtimes Coaching, supervision or reflective practice groups with a focus on staff wellbeing

 \boxtimes Flexible working arrangements

 \boxtimes Management of caseload demands

 \boxtimes Provision of support and well-being resources to staff

⊠ Psychological support and wellbeing services

 \boxtimes Staff recognitions schemes

□ None

 \Box 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]

 \boxtimes Feedback/complaints process

□ Questionnaire/survey

🗆 No

⊠ Other (please specify): The Lived Experience Network (LEN) contribute to the ADP work through the Recovery Developent 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	\boxtimes	\boxtimes
Feedback used to inform service improvement	\boxtimes	\boxtimes
Feedback used in assessment and appraisal processes for staff		
Feedback is presented at the ADP board level	\boxtimes	\boxtimes
Feedback is integrated into strategy	\boxtimes	\boxtimes
Other (please specify)		

Q9a) How are **people with lived/living experience** involved <u>within the ADP structure</u>? (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	\boxtimes	\boxtimes	\boxtimes	
Focus group	\boxtimes	\boxtimes	\boxtimes	
Lived experience panel/forum	\boxtimes	\boxtimes	\boxtimes	
Questionnaire/ surveys	\boxtimes	\boxtimes	\boxtimes	
Other (please specify)				

Q9b) How are **family members** involved <u>within the ADP structure</u>? (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	\boxtimes	\boxtimes	\boxtimes	
Focus group	\boxtimes	\boxtimes	\boxtimes	
Lived experience panel/forum	\boxtimes	\boxtimes	\boxtimes	
Questionnaire/ surveys	\boxtimes	\boxtimes	\boxtimes	
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 wihc 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]

 \boxtimes 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

- \boxtimes 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)

 \Box 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

- \Box No
- \Box 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)					
Leaflets/posters					
Online (e.g. websites, social media, apps, etc.)					
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			\boxtimes	\boxtimes	\boxtimes	\boxtimes	\boxtimes	
Information services	\boxtimes	\boxtimes	\boxtimes	\boxtimes	\boxtimes	\boxtimes	\boxtimes	
Physical health	\boxtimes	\boxtimes	\boxtimes	\boxtimes	\boxtimes	\boxtimes	\boxtimes	
Mental health	\boxtimes	\square	\boxtimes	\boxtimes	\boxtimes	\boxtimes	\boxtimes	
Naloxone				\square	\square	\square	\square	
Overdose awareness and prevention								
Parenting	\boxtimes		\boxtimes	\square	\square	\square		
Peer-led interventions							\boxtimes	
Personal and social skills	\boxtimes	\square	\boxtimes	\square	\square			
Planet Youth								
Pre- natal/pregnancy								
Reducing stigma				\square	\square	\square	\square	
Seasonal campaigns								
Sexual health	\boxtimes	\square	\boxtimes	\square	\square	\square		
Teaching materials for schools	\boxtimes		\boxtimes					
Wellbeing services				\boxtimes				
Youth activities (e.g. sports, art)		\boxtimes	\boxtimes	\boxtimes				
Youth worker materials/training			\boxtimes	\boxtimes				
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)
- \boxtimes Family support services
- □ General practices
- \boxtimes Homelessness services
- \boxtimes Justice services
- Mental health services
- □ Mobile/outreach services
- \boxtimes 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
- \boxtimes General practices
- \boxtimes Homelessness services
- \Box Justice services
- □ Mental health services
- □ Mobile/outreach services
- \Box Peer-led initiatives
- \Box 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
- \Box General practices
- \Box Homelessness services
- $\hfill\square$ Justice services
- \Box Mental health services
- □ Mobile/outreach services
- \Box Peer-led initiatives
- \Box Women support services
- \Box 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
- \boxtimes General practices
- \boxtimes Homelessness services
- $\hfill\square$ Justice services
- \boxtimes Mental health services
- ⊠ Mobile/outreach services
- \Box Peer-led initiatives
- \Box Women support services
- \Box 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
- \Box 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]

 \boxtimes 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]

 \boxtimes 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)

 \boxtimes Coordinating activities

 \boxtimes Information sharing

□ Joint funding of activities

oxtimes Justice partners presented on the ADP

 \boxtimes 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						
Alcohol interventions		\boxtimes	\boxtimes	\boxtimes	\boxtimes	
Alcohol screening						
Buvidal provision						
Detoxification						
Drugs screening						\boxtimes
Psychological screening						
Harm reduction		\boxtimes	\boxtimes	\boxtimes	\boxtimes	\square
Health education		\boxtimes	\boxtimes	\boxtimes	\boxtimes	
"Life skills" support or training (e.g. personal/social skills, employability)		\boxtimes				
Opioid Substitution Therapy (excluding Buvidal)		\boxtimes	\boxtimes			
Peer-to-peer naloxone						
Recovery cafe						
Recovery community		\boxtimes		\square	\boxtimes	
Recovery wing						
Referrals to alcohol treatment services		\boxtimes	\boxtimes		\boxtimes	
Referrals to drug treatment services		\boxtimes	×	\boxtimes	\boxtimes	
Staff training						\boxtimes
Other (please specify)						

Q23a) How many <u>recovery communities</u> 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

 \boxtimes Networking with other services

⊠ Training

 \Box 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]

 $oxed{tabular}$ Advisory role

 \boxtimes Consultation

oxtimes Informal feedback

oxtimes Representation on the ADP board

 \square 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
- \boxtimes Community alcohol detox
- \boxtimes In-patient alcohol detox
- □ Fibro scanning
- ⊠ Psychosocial counselling
- \Box 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]

- \Box Current models are not working
- $\hfill\square$ Difficulty identifying all those who will benefit
- \Box Further workforce training required
- $\hfill\square$ Insufficient funds
- □ Lack of specialist providers
- $\hfill\square$ 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]

- \boxtimes No revisions or updates made in 2022/23
- \square Revised or updated in 2022/23 and this has been published
- \square 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]

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

 \boxtimes 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)		\boxtimes
Diversionary activities		
Employability support		
Family support services		\boxtimes
Information services		\boxtimes
Justice services		
Mental health services	\boxtimes	
Outreach/mobile		
Recovery communities		\boxtimes
School outreach		
Support/discussion groups		
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)
Diversionary activities		
Employability support		
Family support services		\boxtimes
Information services		\boxtimes
Justice services		
Mental health services		
Opioid Substitution Therapy		\boxtimes
Outreach/mobile		
Recovery communities		\boxtimes
School outreach		
Support/discussion groups		

Other (please specify)	

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)		\boxtimes
People from minority ethnic groups		\boxtimes
People from religious groups		\boxtimes
People who are experiencing homelessness		\boxtimes
People who are LGBTQI+		\boxtimes
People who are pregnant or peri-natal		\boxtimes
People who engage in transactional sex		\boxtimes
People with hearing impairments		\boxtimes
People with learning disabilities and literacy difficulties		\boxtimes
People with visual impairments		\boxtimes
Veterans		\boxtimes
Women		\boxtimes
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]

 \boxtimes Yes (please provide link here or attach file to email when submitting response): \square 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]

- \boxtimes Engaging with people with lived/living experience
- ⊠ Engaging with third sector/community partners
- \boxtimes Recruiting staff
- oxtimes Training existing workforce
- \boxtimes Working group
- \Box 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				\boxtimes
Diversionary activities				\boxtimes
Employability support				
Family support services				\boxtimes
Information services				\boxtimes
Mental health services			\boxtimes	\boxtimes
Outreach/mobile services				\boxtimes
Recovery communities				\boxtimes
School outreach		\boxtimes	\boxtimes	\boxtimes
Support/discussion groups				\boxtimes
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]

- oxtimes Advocacy
- \boxtimes Commissioned services
- \boxtimes Counselling
- \boxtimes One to one support
- Mental health support
- \boxtimes Naloxone training
- \boxtimes Support groups
- ⊠ Training
- \Box None
- \Box 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]

 \boxtimes 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	\boxtimes	\boxtimes
Advocacy	\boxtimes	\boxtimes
Mentoring	\boxtimes	\boxtimes
Peer support	\boxtimes	\boxtimes
Personal development	\boxtimes	\boxtimes
Social activities	\boxtimes	\boxtimes
Support for victims of gender based violence		
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 <u>substanceuseanalyticalteam@gov.scot</u> should you have any questions.

[End of survey]