Report To:	**Inverclyde Integration Joint Board**	**Date:**	**24 June 2024**
Report By:	**Kate Rocks** **Chief Officer** **Inverclyde Health and Social Care Partnership**	**Report No:**	**IJB/28/2024/KP**
Contact Officer:	**Katrina Phillips** **Head of Service**	**Contact No:**	**01475 558000**
Subject:	**ADP Annual Survey**		

1.0 PURPOSE AND SUMMARY

1.1 ☒For Decision ☐For Information/Noting

1.2 This is a briefing paper to go along with the Alcohol and Drug Partnership (ADP) Annual Survey, which is required to be approved by both; the ADP committee and IJB.

The ADP Annual Survey is produced by the Scottish Government and is designed to collect information from all ADPs across Scotland on a range of aspects relating to the delivery plan of the National Mission on drugs, during financial year 2023/24.

Scottish Government require both ADP Committee and IJB approve prior to submitting the Annual Survey by the deadline of the 28 June 2024.

2.0 RECOMMENDATIONS

2.1 It is recommended that the IJB review the ADP Annual Survey and approve prior to the ADP Team submitting to Scottish Government by the required deadline.

Kate Rocks
Chief Officer
Inverclyde Health and Social Care Partnership

3.0 BACKGROUND AND CONTEXT

3.1 The main aim of the ADP Annual Survey is to evidence progress of the National Mission by providing information on the activity undertaken by all ADPs in Scotland.

3.2 ADPs in Scotland are required to report to their local IJB Committee and therefore it is a requirement, where possible, that both local ADP Committee and IJB Committee approve the final survey prior to submission.

3.3 The 2023/24 ADP Annual Survey Official Statistics report is scheduled for publication in autumn 2024.

3.4 The ADP Annual Survey gathers local information relating to the following:

- Structures in place to inform surveillance and monitoring of alcohol and drug harms or deaths
- Resilient and Skilled Workforce in our ADP
- Lived and Living Experience
- Stigma Reduction
- Fewer people develop problem substance use
- Risk is reduced for people who use substances
- People most at risk have access to treatment and recovery
- People receive high quality treatment and recovery services
- Quality of life is improved by addressing multiple disadvantages
- Children, families and communities affected by substance use are supported

4.0 PROPOSALS

4.1 N/A

5.0 IMPLICATIONS

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

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

5.2 **Finance**

One off Costs – N/A

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

Annually Recurring Costs/ (Savings) – N/A

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

5.3 **Legal/Risk**

N/A

5.4 **Human Resources**

N/A

5.5 **Strategic Plan Priorities**

N/A

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. N/A

(b) Equality Outcomes

How does this report address our Equality Outcomes?

N/A

Equalities Outcome	Implications
People, including individuals from the above protected characteristic groups, can access HSCP services.	Improving and maintaining access by enclosed actions
Discrimination faced by people covered by the protected characteristics across HSCP services is reduced if not eliminated.	nil
People with protected characteristics feel safe within their communities.	Maintaining safer communities

	by supporting people with vulnerabilities
People with protected characteristics feel included in the planning and developing of services.	Involved in service planning and review as part of wider ADP
HSCP staff understand the needs of people with different protected characteristic and promote diversity in the work that they do.	Inherent throughout services
Opportunities to support Learning Disability service users experiencing gender-based violence are maximised.	Nil
Positive attitudes towards the resettled refugee community in Inverclyde are promoted.	Nil

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

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

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

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

(d) **Children and Young People**

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

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

5.7 **Clinical or Care Governance**

N/A

5.8 **National Wellbeing Outcomes**

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

National Wellbeing Outcome	Implications
People are able to look after and improve their own health and wellbeing and live in good health for longer.	ADP supported projected improve lives of those experiencing alcohol and drug addiction issues and their families
People, including those with disabilities or long-term conditions or who are frail are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community	ADP supported projects aim to support individuals within their own communities
People who use health and social care services have positive experiences of those services, and have their dignity respected.	ADP supported projects treat everyone with dignity and respect
Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	ADP supported projects are focused on improving outcomes for all service users
Health and social care services contribute to reducing health inequalities.	ADP supported projects aim to ensure equality of access and support to everyone using their services
People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and wellbeing.	ADP supported projects support families and carers with an holistic approach
People using health and social care services are safe from harm.	ADP supported projects aim to reduce harm for individuals
People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.	ADP supported projects treat staff with dignity and respect and support them to deliver services
Resources are used effectively in the provision of health and social care services.	ADP supported projects are subject to ongoing monitoring to ensure most effective use of resources

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

7.0 CONSULTATION

7.1   N/A

8.0 BACKGROUND PAPERS

8.1   Inverclyde ADP Annual Report 2023/24.

Scottish Government
Riaghaltas na h-Alba

Alcohol and Drug Partnership (ADP) Annual Reporting Survey: 2023/24

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 on drugs **during the financial year 2023/24**. This will not reflect the totality of your work but will cover areas where you do not already report progress nationally through other means.

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

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 conscious that some of the data we are now asking for may appear to have been supplied through other means (e.g. MAT Standards reporting). After careful review, we found the data supplied via these means is not in a form that allows for consistently tracking change over time at a national level and so have included a limited number of questions on these topics.

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

- National monitoring of the National Mission on Drugs;
- The work of advisory groups including the Whole Family Approach Group, the Public Health Surveillance Group and the Residential Rehabilitation Working Group, amongst others; and
- The work of 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. You can find the report on the 2022/23 ADP survey responses here. 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 Friday 28 June 2024. Your submission should be signed off by the ADP and the IJB. We are aware that there is variation in the timings of IJB meetings so please flag 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

Question 1

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

Aberdeen City ADP

Aberdeenshire ADP

Angus ADP

Argyll & Bute ADP

Borders ADP

City of Edinburgh ADP

Clackmannanshire & Stirling ADP

Dumfries & Galloway ADP

Dundee City ADP

East Ayrshire ADP

East Dunbartonshire ADP

East Renfrewshire ADP

Falkirk ADP

Fife ADP

Glasgow City ADP

Highland ADP

X Inverclyde ADP

Lothian MELDAP ADP

Moray ADP

North Ayrshire ADP

North Lanarkshire ADP

Orkney ADP

Perth & Kinross ADP

Renfrewshire ADP

Shetland ADP

South Ayrshire ADP

South Lanarkshire ADP

West Dunbartonshire ADP

West Lothian ADP

Western Isles ADP

Cross-cutting priority: Surveillance and Data Informed

Question 2

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

    X Alcohol death review group

      Alcohol harms group

    X Drug death review group

    X Drug trend monitoring group/Early Warning System

      None

      Other (please specify): Alcohol Death Review Group commencing Summer 2024.

Question 3

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

      Yes

    X No

      Don't know

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

> The role of the ADP chair within the COG is being picked up and being considered as part of the work of the COG going forward.

Question 4

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

> Inverclyde's Drug Death Review Group (DDRG) has in the past 6 months took a new approach into how we monitor drug deaths locally - this has been achieved through introducing a new infrastructure that will enable joined up service approaches. Group membership now consists of third sector commissioned services from our Recovery Contract and statutory partners, including, ADRS, Homelessness, Police Scotland, Social Work, Pharmacist. Reprentation from Mental Health and the Children and Families Service also attend when relavent.
>
> An action tracker and learning log has been produced for the working group, these documents are use to take forward releavnt actions and to feedback to the Alcohol

and Drug Death Monitoring Group on steps being taken to reduce drug deaths locally. The DDRG are also repsonsible for completing the national reporting database for the NHS GGC Drug Death Analyst.

An Alcohol Death Review Group is being set up locally and hould be running by Summer 2024. We are still finalising plans around the format of this review group, however it is likely it will follow the same process as the DDRG, but not have the expectation to complete the national return paper at this stage.

There is also an Incident Review Group (IRG) Inverclyde, it's a governance meeting chaired by Head of Service for ADRS, Mental Health & Homelessness Services. Along with staff from each of these services, representation from consultant psychiatrists across the areas, psychology leads, OT lead and the clinical director attend. Any severe adverse clinical incidents, all deaths and any other governance issues are discussed and reviewed. ADP representation attend when relevant.

Question 5

5a. In response to emerging threats, e.g. novel synthetics, have you made specific revisions to any protocols? Mark with an 'x'.
[single option]

    X Yes

     No

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

When the ADP is made aware thorugh RADAR of an emerging threat, the communciation is shared thorugh the DDRG and with wider working groups to ensure communciation is passed as widley as possible.

Cross-cutting priority: Resilient and Skilled Workforce

Question 6

6a. What is the whole-time equivalent[1] staffing resource routinely dedicated to your ADP Support Team as of 31 March 2024.
[numeric, decimal]

Total current staff (whole-time equivalent including fixed-term and temporary staff, and those shared with other business areas)	2.40
Total vacancies (whole-time equivalent)	1.00

6b. Please list the job title for each vacancy in your ADP Support Team as at 31 March 2024 (if applicable).
[open text – maximum 500 characters]

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[1] Note: whole-time equivalent (WTE) is a unit of measurement that indicates the total working hours of employees in relation to a full-time position. It helps to standardise and compare staffing resource across different teams or organisations. A full-time employee is equal to one whole-time equivalent. For part-time employees, divide their hours by the whole-time equivalent. For example, if a part-time employee is required to work 7.5 hours per week and a 'full-time' position is considered to be 37.5 hours, the WTE would be 0.2 (7.5 hours / 37.5 hours).

Coordinator 37 hours
Support Officer 37 hours
Business Support 18 hours
Harm Reduction Post (VAC) 37

ADP receive support from Senior Data Analyst Post which is based within ADRS as and when required, roughly 1 day per week - I have calculated this into the total current staff in 6.a.

The ADP Coordinator is currently on long term sick, with the ADP support Officer acting up as interim coordinator. There is a temp support officer in post to cover the support officer who is acting up.

Question 7

Please describe any initiatives you have undertaken as an ADP, or are aware of in the services you commission, that are aimed at improving employee wellbeing (volunteers as well as paid staff).
[open text – maximum 2,000 characters]

Internal staff have access to occupational health and counselling support if required.

The commissioned service for the Recovery Contract offer counselling support sessions should staff of volunteers request this through their manager.

Cross cutting priorities: Lived and Living Experience

Question 8

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

    X Experiential data collected as part of MAT programme

X Feedback / complaints process

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

X Questionnaire / survey

No formal mechanism in place

Other (please specify):

Question 9

How do you, as an ADP, **use feedback received from people with lived/living experience and family members** to improve service provision? Mark all that apply with an 'x'. [multiple choice]

	Lived/living experience	Family members
Feedback is integrated into strategy	X	X
Feedback is presented at the ADP board level	X	
Feedback used in assessment and appraisal processes for staff		
Feedback used to inform service design	X	X
Feedback used to inform service improvement	X	X
Other (please specify)	Delivery Planning	Delivery Planning

Question 10

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

X Through ADP board membership

Through a group or network that is independent of the ADP

X Through an existing ADP group/panel/reference group

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

Not currently able to participate

Other (please specify):

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

Through ADP board membership

Through a group or network that is independent of the ADP

X Through an existing ADP group/panel/reference group

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

Not currently able to participate

Other (please specify):

Question 11

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

X Prerequisite for our commissioning

Asked about in their reporting

X Mentioned in our contracts

None

Other (please specify):

Question 12

Please describe how you have used your ADP's allocated funding for lived/living experience participation[2] in the last financial year. Within your answer please indicate which activities have been most costly.
[open text – maximum 2,000 characters]

Strategy Consultation (March 2024) - he ADP commissioned a consultant to develop a new 5 year strategy and 2 year delivery plan. The ADP ran target consultation sessions with commissioned services and open conversations cafes inviting those from across Inverclyde with lived and living experience, to have their say on current and future service provision locally.

*Commissioned Services (Recovery Contract & Families Contract) (Full Year Costs) - costs allocated within contract to support those with lived and living experience, through 1:1 peer support, group programming/activity and group meetings.

*Recovery Month Programming and Activity (August & September 2023) - the lived experience network were funded through the ADP to programme a range of activities and events in conjunction with the National Recovery Walk which took place in Greenock last year. There was also a local planning group with SRC which included a number of people with lived and living experience.

*SDF Employment Placement Programme 2 x FT placements (Full Year Costs)

* Additional budget aligned to Recovery Hub Contract towards 2 x FT Peer Support Staff (September 2023 - March 2024) This additional enhancement on top of the Recovery Contract was put towards recruiting 2 members of staff with lived

[2] The funding letter specified that "£0.5 million is being allocated to ADPs to ensure the voices of people with lived and living experience are heard and acted upon in service design and delivery at a local level. This includes decisions about prioritisation, commissioning and evaluation of services."

experience who could build on the assertive outreach programme and peer support offer locally.

Shine A light on Recovery Event (March 2024) the ADP funded an event planned and developed by the Recovery Hub and Lived Experience Network.

Experiential Interview Expenses (Nov 23 - Feb 24) budget was located from ADP to cover costs of vouchers for those who had taken part in experiential interviews.

*Funding for 3rd Sector Support Services (March 2024) ADP budget was issued through a small grant funding process to support 3rd sector organisations in partnership working, with the aim of supporting people into recovery and back into community life.

Gym Passes for commissioned services.

*MOST COSTLY.

Cross cutting priorities: Stigma Reduction

Question 13

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

    X ADP strategy, delivery and/or action plan

      Alcohol deaths and harms prevention action plan

      Communication strategy

      Community action plan

      Drug deaths and harms prevention action plan

    X MAT standards delivery plan

      Service development, improvement and/or delivery plan

      None

      Other (please specify):

Question 14

14a. Please describe what work is underway in your ADP area to reduce stigma for people who use substances and/or their families.
[open text – maximum 2,000 characters]

The ADP have this year funded the Resilence Network in Inverclyde to produce a stigma resource which is promoted through our ADP website and the thrid sector interface website. The tool is also used within high schools by 4 of our substance use schools workers as part of the framework they deliver within high schools.

The Resilence Network were also commissioned to produce a film which has been showcased at various different team days and development days. The Film is also being put forward for Film Awards in 2024.

The ADP are recruiting a Harm Redcution and Capcity Building Officer whos role will partly be to deliver training to orgniations and comminuties on various subject matters; one being stigma.

The Inverclyde ADP also have local representation at the GG&C Stigma board wide group. Information from this group is fed into local working groups and implemented throughout our workstreams.

The new ADP website also fetures a full section on Stigma and will build on the work being delivered across Inverclyde to tackle it.

14b. What data does your ADP have access to that could be used to capture the impact of the work described in 14a? (Please indicate if this is not currently possible).
[open text – maximum 500 characters]

The resilence network received feedback from those with lived and living experience who took part in the production of the film and the creation of the resources.

A reporting process will be put in place for all ADP training delivered by the new Harm Reduction and Capacity Building Post

The Young Person Substance Use Worker posts are reviewed, and progress reports are submitted to the ADP committee. The report captures feedback from the children and young people, teachers, and parent/ carers.

Fewer people develop problem substance use

Question 15

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

	In person (e.g. at events, workshops, etc)	Leaflets / posters	Online (e.g. websites, social media, apps, etc.)
Non-native English speakers (English Second Language)			X
People from minority ethnic groups		X	
People from religious groups		X	
People who are experiencing homelessness	X	X	X
People who are LGBTQI+		X	X
People who are pregnant or peri-natal		X	X
People who engage in transactional sex			X
People with hearing impairments and/or visual impairments			X
People with learning disabilities and literacy difficulties			
Veterans		X	X
Women	X	X	X

Question 16

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

	0-15 years (children)	16-24 years (young people)	25 years+ (adults)
Campaigns / information		X	
Harm reduction services		X	
Learning materials	X	X	
Mental wellbeing	X	X	
Peer-led interventions		X	X
Physical health		X	X
Planet Youth			
Pregnancy & parenting			
Youth activities	X	X	
Other (please specify)	Teaching Materials for schools	Teaching Materials for schools	

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

Risk is reduced for people who use substances

Question 17

In which of the following settings are selected harm reduction initiatives delivered in your ADP area? Mark all that apply with an 'x'.
[multiple choice]

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

Question 18

19a. Which of the following harm reduction interventions is there currently a demand for in your ADP area? (Either where the intervention is not currently provided or where demand exceeds current supply). Mark all that apply with an 'x'.
[multiple choice]

      Drug checking

      Drug testing strips

      Heroin Assisted Treatment

      Safer drug consumption facility

      Safer inhalation pipe provision

      Safe supply of substances

      Other (please specify):

19b. Please provide details, e.g. scale of the demand.
[open text – maximum 500 characters]

Unknown at this time.

14

People most at risk have access to treatment and recovery

Question 19

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

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

Question 20

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

Further workforce training required

Insufficient funds

Issues around information sharing

Lack of leadership

Lack of ownership

Workforce capacity

None

X Other (please specify): Localised service provision is currently being reviewed with the view to expand core buisness hours and increase staff to support with NFO pathway locally.

Question 21

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

Strategic level

X ADP representation on local Community Justice Partnership

X Contributed to strategic planning

X Coordinated activities between justice, health or social care partners

X Data sharing

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

X Provided advice and guidance

Other (please specify): Worked on CORRA funded Early Help in Police Custody Project together along with Turning Point Scotland.

Operational level

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

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

Supported staff training on drug or alcohol related issues

X Other (please specify): ADP cover costs of a Justice Support Worker

Service level
Funded or supported:

Navigators for people in the justice system who use drugs

Services for people transitioning out of custody

X Services in police custody suites

Services in prisons or young offenders institutions

Services specifically for Drug Treatment and Testing Orders (DTTOs)

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

X Other (please specify): Fund Justice Support Worker post

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

Question 22

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

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

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

Question 23

24a. Does your ADP fund or support any residential services that are aimed at those in the justice system (who are who are subject to Community Payback Orders, Drug Treatment and Testing Orders, Supervised Release Orders and other relevant community orders)? Mark with an 'x'.
[single option]

    X Yes

    No

    Don't know

24b. If yes, please list the relevant services.
[open text – maximum 500 characters]

Justice Social Work ADRS

Question 24

24a. For individuals who have had a court order given to them in relation to their substance use, do you have testing services available in your ADP area[10]? Mark with an 'x'. [single option]

    x Yes

    No

    Don't know

24b. If yes, please describe the type of monitoring that takes place (e.g. sampling with handheld devices, spit tests, electronic monitoring) and who provides these services (e.g. private, third sector, statutory). [open text – maximum 500 characters].

Drug treatment and testing order services (DTTO) within Inverclyde are available at Inverclyde Alcohol and Drug Recovery Service (IADRS) and Hector McNeil House. IADRS- 1x week oral swab testing by nursing staff Hector McNeil House (social work)- 1xweek oral fluid tests by social work staff.

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[10] We are including this question on behalf of Scottish Government Justice colleagues to better understand substance testing for orders and licences in Scotland.

People receive high quality treatment and recovery services

Question 25

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

X Alcohol hospital liaison

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

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

Pathways for early detection of alcohol-related liver disease

None

Other (please specify):

Question 26

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

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

X Alcohol hospital liaison

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

X Community alcohol detox (including at-home)

X In-patient alcohol detox

X Pathways into mental health treatment

X Psychosocial counselling

X Residential rehabilitation

None

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

Question 27

27a. Which, if any, of the following barriers to residential rehabilitation exist in your ADP area? Mark all that apply with an 'x'.
[multiple choice]

　　　Availability of aftercare

　　X Availability of detox services

　　　Availability of stabilisation services

　　　Current models are not working

　　　Difficulty identifying all those who will benefit

　　　Further workforce training required

　　X Insufficient funds

　　X Insufficient staff

　　　Lack of awareness among potential clients

　　x Lack of capacity

　　x Lack of specialist providers

　　　Scope to further improve/refine your own pathways

　　X Waiting times

　　　None

　　x Other (please specify): lack of service provider who offer continual OST and other medication.

27b. What actions is your ADP taking to overcome these barriers to residential rehabilitation?
[open text – maximum 500 characters]

This year we are starting a new 4-year CORRA and ADP funded Residential Rehab project. This project should help us overcome all barriers we have faced to date. we are revamping our local pathway and working to promote the pathway on the new ADP website. we have also updated our third sector partners of the new process that is in place to support people when they are ready into rehab.

The biggest barrier we foresee this year is budget to being able to cover placements due to demand already.

Question 28

28a. Have you made any revisions in your pathway to residential rehabilitation in the last year? Mark with an 'x'.
[single option]

　　　No revisions or updates made in 2023/24

　　　Yes - Revised or updated in 2023/24 and this has been published

　　X Yes - Revised or updated in 2023/24 but not currently published

20

28b. If yes, please provide brief details of the changes made and the rationale for the changes.
[open text – maximum 500 characters]

As detailed in 27.b. With the new funding project being started in Summer 2024 we have updated the local pathway to reflect changes.

Question 29

29a. Which, if any, of the following barriers to implementing MAT exist in your area?
Mark all that apply with an 'x'.
[multiple choice]

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

Availability of stabilisation services

X Difficulty identifying all those who will benefit

Further workforce training is needed

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

X Insufficient funds

X Insufficient staff

X Lack of awareness among potential clients

X Lack of capacity

Scope to further improve/refine your own pathways

Waiting times

None

Other (please specify):

29b. What actions is your ADP taking to overcome these barriers to implementing MAT in your ADP area?
[open text – maximum 500 characters]

Assertive Outreach through our recovery contract.
Considering how we utilise space out with ADRS building to run clinics across Inverclyde.
Monitoring the impact of where ADP resource is being allocated and considering if resource is better placed elsewhere.
Looking at external funding sources to enable us to take future projects forward.

Question 30

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

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

Question 31

Please list all recovery groups[11] in your ADP area that are funded or supported[12] by your ADP.
[open text – maximum 2,000 characters]

Your Voice Recovery Hub Inverclyde's Recovery Café Moving On Inverclyde

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[11] 'Recovery group' includes any group that supports recovery and/or wellbeing in your local area. This could be local recovery cafés; peer support groups; wellbeing groups that support people affected by substance use; or more established recovery networks, hubs or organisations. If some of these are covered by umbrella groups, please list both.

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

Scottish Families Affected by Alcohol or Drugs
Lived Experience Network
Teen Challenge
Jericho Mens and Womens House
Haven
Salvavtion Army
Street Connect
Inverclyde Faith in Throughcare

Quality of life is improved by addressing multiple disadvantages

Question 32

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

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

Question 33

33a. Are there formal joint working protocols in place to support people with co-occurring substance use and mental health diagnoses to receive mental health care? Mark with an 'x'. [single choice]

    X Yes

      No

33b. Please provide details.
[open text – maximum 500 characters]

There is a GGC board wide Adult Mental Health & Addictions Service Shared Guidance & Specification for Interface Working document. Local Standard Operating Procedure (SOP) for multidisiplinary/mulitagency clinical review meetings to discuss, plan care and treatment in partnership. Shared clinical and care governance meetings to review significant adverse events and learning between mental health community and in patient services and alcohol and drug recovery service.

Question 34

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

    Dual diagnosis teams

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

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

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

    None

    Other (please specify):

Question 35

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

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

    By representation on the ADP board

X Through partnership working

Via provision of funding

Not applicable

Other (please specify):

Question 36

Which of the following activities are you aware of having been undertaken in ADP funded or supported[13] services to implement a trauma-informed approach? Mark all that apply with an 'x'.
[multiple choice]

    X Engaging with people with lived/living experience

    X Engaging with third sector/community partners

    Provision of trauma-informed spaces/accommodation

    Recruiting staff

    x Training existing workforce

    Working group

    None

    Other (please specify):

Question 37

37a. Does your ADP area have specific referral pathways for people to access independent advocacy? Mark with an 'x'. [single option]

    X Yes

    No

    Don't know

37b. If yes, are these commissioned directly by the ADP? Mark with an 'x'.
 [single option]

    X Yes

    No

    Don't know

---

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

Children, families and communities affected by substance use are supported

Question 38

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

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

Question 39

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

    X Advocacy

    X Commissioned services

    X Counselling

    X One to one support

    x Mental health support

    X Naloxone training

    X Support groups

    X Training

    None

    Other (please specify):

Question 40

40a. Do you have an agreed set of activities and priorities with local partners to implement the Holistic Whole Family Approach Framework in your ADP area? Mark with an 'x'.
[single option]

      Yes

   X No

      Don't know

40b. Please provide details of these activities and priorities for 2023/24.
[open text – maximum 500 characters]

The Whole Families Working Group in Inverlcyde is currently under review with a new working group and action plan coming into effect from Summer 2024. Last year the ADP invested budget to recruit an alcohol support worker who sits within the Children and Families team, this post holder supports the wider drugs team and links in with the wider partnership. This post whilst in early development has increased capacity to support YP who use alcohol in a way that is causing harm to them.

Question 41

Which of the following services supporting Family Inclusive Practice or a Whole Family Approach are in place in your ADP area? Mark all that apply with an 'x'.
[multiple choice]

	Family member **in treatment**	Family member **not in treatment**
Advice	X	
Advocacy		
Mentoring		
Peer support		
Personal development		
Social activities		
Support for victims of gender based violence and their families	X	X
Youth services	X	X
Other (please specify)		

Question 42

42a. Are any activities in your ADP area currently integrated with planned activity for the Whole Family Wellbeing Funding in your Children's Service's Planning Partnership area? Mark with an 'x'. [single option]

      Yes

   X No

Don't know

42b. If yes, please provide details.
[open text – maximum 500 characters]

Additional question

Question 43

Please list all services / organisations commissioned by your ADP during 2023/24 and the amount of funding provided for 2023/24. If the final year-end position is not yet known, please include the projected spend amount. For part-funding, please only include the amount contributed by your ADP.

Service / organisation name [open text]	Amount of funding provided £ [number]
Recovery Contract - Your Voice	173950.00
Recovery Contract - Moving On Inverclyde	109997.00
Family Support Service - SFAD	90000.00

Confirmation of sign-off

Question 44

Has your response been signed off at the following levels? [multiple choice]

    X ADP

    x IJB

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

Thank you

Thank you for taking the time to complete this survey, your response is highly valued. The results will be published in the 2023/24 ADP Annual Survey Official Statistics report, scheduled for publication in autumn 2024.

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

<div align="center">[End of survey]</div>

Confirmation of sign-off