

Agenda Item 5

Falkirk Alcohol and Drugs Partnership Annual Report 2020-21



Falkirk Clinical Care Governance Committee

26 November 2021

Falkirk Alcohol and Drugs Partnership Annual Report 2020-21

For Consideration and Comment

1. Executive Summary

- 1.1 The Falkirk Alcohol and Drug Partnership (ADP) Annual Report 2020 - 21 provides an overview and evidence of the work directed by Falkirk Alcohol and Drug Partnership. The Annual Report is a Scottish Government requirement for ADPs.
- 1.2 Falkirk ADP has made significant progress as a partnership during 2020- 21. The main achievements to note are outlined within the report. This work was progressed despite the immense burden of the pandemic on partners.
- 1.3 The report also outlines the key areas of work undertaken against our joint objective of keeping a focus on the most vulnerable within our communities. This includes a continued focus on prevention of all substance related deaths.
- 1.4 The actions undertaken are inextricably linked to the strategic plans of the Health and Social Care Partnership, Community Justice Partnership and Community Planning Partnership.

2. Recommendations

The Clinical and Care Governance Committee is asked to consider and comment on:

- 2.1 the progress made by Falkirk ADP within the Annual Report.

3. Background

- 3.1 The Falkirk ADP Annual Report was developed in consultation with key partners. It was circulated widely to the ADP membership for their feedback and contribution.

4. Falkirk Alcohol and Drug Partnership Annual Report

- 4.1 The key points to note from the report include:

- The additional investment by NHS Forth Valley Public Health Department and Drug Taskforce funding has supported the conclusion of the investigation into drug deaths and suicide
- The ADP has successfully implemented a referral pathway to substance use services and naloxone prescribing within the Emergency Department (ED) / Mental Health Unit (MHU) at FVRH
- We have initiated the prescribing of naloxone (opioid reversal drug) for drug users on discharge from ED/MHU
- A three-year contract for Forth Valley Family Support Service (Substance Use) has been brokered
- Formal contract now in place for Forth Valley Recovery Community
- Seven-day coverage within Forth Valley Royal Hospital for the Hospital Addiction Team (HAT).

5. Conclusions

- 5.1 The FADP Annual Report provides a level of assurance to partners that we are focusing on national priorities and also the local priorities for Falkirk directly targeting those at risk through decisive action.

Resource Implications

There are no resource implications arising from this report.

Impact on IJB Outcomes and Priorities

The delivery of Alcohol and Drug outcomes contributed across a range of IJB outcomes and priorities.

Directions

A new Direction or amendment to an existing Direction is not required as a result of the recommendations of this report.

Legal & Risk Implications

There are no legal or risk implications arising from this report.

Consultation

The annual report has been developed with ADP members.

Equalities Assessment

This is not required for the Committee report.

6. Report Author

- 6.1 Elaine Lawlor, Forth Valley ADP Coordinator.

7. Appendices

Appendix1: Falkirk ADP Annual Report 2020 -21

ALCOHOL AND DRUG PARTNERSHIP ANNUAL REVIEW 2020/21–Falkirk ADP

- I. Delivery progress**
- II. Financial framework**

This form is designed to capture your **progress during the financial year 2020/21** against the [Rights, Respect and Recovery strategy](#) including the Drug Deaths Task Force [emergency response paper](#) and the [Alcohol Framework 2018](#). We recognise that each ADP is on a journey of improvement and it is likely that further progress has been made since 2020/21. Please note that we have opted for a tick box approach for this annual review but want to emphasise that the options provided are for ease of completion and it is not expected that every ADP will have all options in place. We have also included open text questions where you can share details of progress in more detail. **You should include any additional information in each section that you feel relevant to any services affected by COVID-19.**

The data provided in this form will allow us to provide updates and assurance to Scottish Ministers around ADP delivery. The data will also be shared with Public Health Scotland (PHS) evaluation team to inform the monitoring and evaluation of drugs policy.

We do not intend to publish the completed forms on our website but encourage ADPs to publish their own submissions as a part of their annual reports, in line with good governance and transparency. All data will be shared with PHS to drugs policy and evaluation, and excerpts and/or summary data from the submission may be used in published reports. It should also be noted that, the data provided will be available on request under freedom of information regulations.

In submitting this completed Annual Review you are confirming that this partnership response has been signed off by your ADP, the ADP Chair and Integrated Authority Chief Officer.

The Scottish Government copy should be sent by **Wednesday 14th October 2021** to: drugsmissiondeliveryteam@gov.uk

NAME OF ADP: Falkirk ADP

Key contact:

Name: Elaine Lawlor

Job title: Forth Valley ADPs Co-ordinator

Contact email: elaine.lawlor@nhs.scot

I. DELIVERY PROGRESS REPORT

1. Representation

1.1 Was there representation from the following local strategic partnerships on the ADP?

Community Justice Partnership ☒

Children's Partnership ☒

Integration Authority ☒

1.2 What organisations are represented on the ADP and who was the chair during 2020/21?

Chair: Martin Thom, Head of Integration, Falkirk HSCP.

Representation

The public sector:

Police Scotland ☒

Public Health Scotland ☒ - (Public Health – NHS Forth Valley)

Alcohol and drug services ☒

NHS Board strategic planning ☐

Integration Authority ☒

Scottish Prison Service (where there is a prison within the geographical area) ☒

Children's services ☒

Children and families social work ☒

Housing ☒

Employability ☒

Community justice ☒

Mental health services ☒

Elected members ☐

Other ☐

The third sector:

Commissioned alcohol and drug services ☒

Third sector representative organisation ☒

Other third sector organisations ☒

People with lived/ living experience ☒ Forth Valley Recovery Community - ADP Member

Other community representatives ☐ Please provide details.....

Other ☐ Please provide details.....

1.3 Are the following details about the ADP publically available (e.g. on a website)?

- Membership ☐
Papers and minutes of meetings ☐
Annual reports/reviews ☒
Strategic plan ☐ (Falkirk ADP strategic plan aligns with the FV Health Improvement Strategy, which is currently being revised)

1.4 How many times did the ADP executive/ oversight group meet during 2020/21?
Twice – 09/02 and 09/09.

Job title	Whole Time Equivalent
1. Forth Valley ADP Coordinator	0.5
2. Forth Valley ADP Administration	0.5
3. Lead Officer	1 (Vacant)

Total WTE: 2

2. Education and Prevention

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

Please tick those that apply (please note that this question is in reference to the ADP and not individual services)

Leaflets/ take home information	<input checked="" type="checkbox"/>
Posters	<input checked="" type="checkbox"/>
Website/ social media https://forthvalleyadp.org.uk/	<input checked="" type="checkbox"/>
Accessible formats (e.g. in different languages)	<input checked="" type="checkbox"/>
Other	<input checked="" type="checkbox"/>

2.2 Please provide details of any specific communications campaigns or activities carried out during 20/21 (E.g. Count 14 / specific communication with people who alcohol / drugs and/or at risk)(max 300 words).

Rethink your drink – includes reinforcement of Count 14 messages around summer holidays and the festive period. The campaign involves NHS and ADP members online and through social media, encouraging self-awareness around drinking and signposting to available supports where a problem might be perceived. This year the campaigns took account of increased consumption through COVID 19 and incorporated messages from the national level.

Survey of Families' Experience – concern at low numbers of families presenting to our commissioned Forth Valley Family Support Service prompted us to ask them to survey family members and other people in the community, including distribution through statutory organisations. The survey was built to elicit information on stigma and discrimination, families' experience of services and provided rich data which can now be used in a wider campaign, planned for 2021/22, which will address issues examined in the survey.

2.3 Please provide details on education and prevention measures/ services/ projects provided during the year 20/21 specifically around drugs and alcohol. (max 300 words).

Social influence project – rebranding this year for schools in the ADP area, sees 3 PSE lessons devoted to drug and alcohol awareness and messaging. Research suggests a 50% drop in substance use among pupils, reduced crime and antisocial behaviour.

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

Formal settings such as schools	<input checked="" type="checkbox"/>
Youth Groups	<input type="checkbox"/>
Community Learning and Development	<input type="checkbox"/>
Other – please provide details	<input checked="" type="checkbox"/>

2.5 Please detail how much was spend on Education / prevention activities in the different setting above

Formal settings such as schools
Youth Groups
Community Learning and Development

Other – please provide details	This spend for the Rethink Your Drink and Social Influence Project was accounted for through NHS FV Health Promotion, with delivery coordinated by the ADP team.
--------------------------------	--

Please provide details

2.6 Was the ADP represented at the alcohol Licensing Forum

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

3. RRR Treatment and Recovery - Eight point plan

People access treatment and support – particularly those at most risk (where appropriate please refer to the Drug Deaths Taskforce publication [Evidence-Based Strategies for Preventing Drug-Related Deaths in Scotland](#): priority 2, 3 and 4 when answering questions 3.1, 3.2, 3.3 and 3.4)

3.1 During 2020/21 was there an Immediate Response Pathway for Non-fatal Overdose in place?

Yes	<input checked="" type="checkbox"/>
No	<input type="checkbox"/>
In development	<input type="checkbox"/>

Please give details of developments (max 300 words)

There is a pathway in place but there has been planning already on strengthening this with a new peripatetic outreach team in the coming year. This will enhance the capacity to reach people in both rural and urban settings.

3.2 Please provide details on the process for rapid re-engagement in alcohol and/or drug services following a period of absence, particularly for those at risk and during COVID-19. Are services fully open at normal levels / blended services on offer? (max 300 words).

Throughout the pandemic CADS (the NHS substance use service) delivered a full range of services which included access to recommence prescriptions for those who had stopped. The service can recommence prescriptions on the same day the patient re-presents to the service provided this is within 28 days of coming "off-script". For those out with this period some reassessment may be necessary, although we avoid unnecessary delays wherever possible.

3.3 What treatment or screening options were in place to address drug harms? (mark all that apply)

- | | |
|--|-------------------------------------|
| Same day prescribing of OST | <input type="checkbox"/> |
| Methadone | <input checked="" type="checkbox"/> |
| Buprenorphine and naloxone combined (Suboxone) | <input checked="" type="checkbox"/> |
| Buprenorphine sublingual | <input checked="" type="checkbox"/> |
| Buprenorphine depot | <input checked="" type="checkbox"/> |
| Diamorphine | <input type="checkbox"/> |
| Naloxone | <input checked="" type="checkbox"/> |
| BBV Screening | <input checked="" type="checkbox"/> |
| Access to crisis support | <input checked="" type="checkbox"/> |
| Access to detox from opiates/benzos -rehab | <input checked="" type="checkbox"/> |
| Other non-opioid based treatment options | <input type="checkbox"/> |

The ADP also invests in our addictions psychology team which includes trauma-informed care, and has been active in our initial work towards the MAT standards implementation ensuring that people in ORT receive trauma-informed care in trauma-informed settings. Additionally we offer SMART recovery within the Forth Valley Recovery Community, including for those in ORT.

*We offer same-day reassessment and recommencement for people previously in OAT services.

3.4 What measures were introduced to improve access to alcohol and/or drug treatment and support services during the year, particularly for those at risk 20/21? (max 300 words)

We have continued to deliver on the standards for access to treatment despite unprecedented demand through the COVID-19 pandemic. Services have remained open and available for people. It will be for further examination as the pandemic continues to consider how the increased demand on services can be accommodated as we move away from the emergency period of the previous financial year.

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

- | | |
|---|-------------------------------------|
| Fibro scanning | <input checked="" type="checkbox"/> |
| Alcohol related cognitive screening (e.g. for ARBD) | <input checked="" type="checkbox"/> |
| Community alcohol detox | <input checked="" type="checkbox"/> |

Inpatient alcohol detox	<input checked="" type="checkbox"/>
Alcohol hospital liaison	<input checked="" type="checkbox"/>
Access to alcohol medication (Antabuse, Acamprase etc)	<input checked="" type="checkbox"/>
Arrangements for the delivery of alcohol brief interventions	<input type="checkbox"/> Not presently, though increasing priority delivery was a priority of our delivery plan, this has been affected by COVID-19. We intend to return to this as soon as practicable. We also fund a local enhanced service for ABIs in primary care.
in all priority settings	
Arrangements of the delivery of ABIs in non-priority settings	<input checked="" type="checkbox"/> Our commissioned services have continued delivery of ABIs through COVID-19.
Other	<input checked="" type="checkbox"/> Timely access to treatment has continued through the COVID-19 emergency period.

People engage in effective high quality treatment and recovery services

3.6 Were Quality Assurance arrangements in place for the following services (examples could include review performance against targets/success indicators, clinical governance reviews, case file audits, review against delivery of the quality principles)?

	<i>Adult Services</i>	<i>Children and Family Services</i>
Third sector	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Public sector	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>

3.7 Please give details on how services were Quality Assured including any external validation e.g. through care inspectorate or other organisations? (max 300 words)

There is an integrated clinical governance forum which covers statutory and third sector provision. Its remit includes quality assurance processes, audit and guidance development. Contract monitoring has remained in place throughout COVID-19 for third sector commissioned services, to continue to support and facilitate the development of services for people in the community.

Thank you for completing the recent Scottish Government ADP Pathways Survey, which gathered data for 2019/20. The following questions look to gather the same data for 2020/21.

3.8 Were there pathways for people to access residential rehabilitation in your area in 2020/21?

Yes ☒

No ☐

Please give details below (including referral and assessment process, and a breakdown between alcohol and drugs referrals) (max 300 words)

3.9 How many people started a residential rehab placement during 2020/21? (If possible, please provide a gender breakdown)

3 people, no gender breakdown was available at time of writing.

People with lived and living experience will be involved in service design, development and delivery

3.10 Please indicate which of the following approaches services used to involve lived / living experience /family members (mark all that apply).

For people with lived experience:

- | | | |
|--------------------------------------|-------------------------------------|---|
| Feedback/ complaints process | <input checked="" type="checkbox"/> | NHS services use statutory complaints monitoring, commissioned third sector services have developed feedback processes for people with lived/living experience. |
| Questionnaires/ surveys | <input checked="" type="checkbox"/> | Not during COVID-19, other than the families survey. |
| Focus Groups | <input checked="" type="checkbox"/> | |
| Lived/living experience group/ forum | <input checked="" type="checkbox"/> | |
| Board Representation within services | <input checked="" type="checkbox"/> | |
| Board Representation at ADP | <input checked="" type="checkbox"/> | |
| Other | <input checked="" type="checkbox"/> | The ADP routinely engages with the recovery café network |

Please provide additional information (optional)

For family members:

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

Please provide additional information (optional)

3.11 Had the involvement of people with lived/ living experience, including that of family members, changed over the course of the 2020/21 financial year?

- | | |
|--------------------|-------------------------------------|
| Improved | <input checked="" type="checkbox"/> |
| Stayed the same | <input type="checkbox"/> |
| Scaled back | <input type="checkbox"/> |
| No longer in place | <input type="checkbox"/> |

Please give details of any changes

We consulted with the Forth Valley Recovery Community on this return and they indicated they believed that involvement of people with lived experience improved in the past financial year. Specifically they identified the deployment of recovery workers within the Forth Valley Substance Use Psychology Team, recruitment of 7 assistant peer recovery workers and the deployment of 1 recovery development worker within the Falkirk Housing Team as advantages.

As far as possible we replaced the usual pre-COVID personal contact with online contacts, the overall level of involvement remained the same however. Through the pandemic our links with people with lived and living experience broadened to include other aspects of life such as PPE availability and other essential supplies.

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

Yes ☒

No ☐

Please give details below (max 300 words)

Assistant recovery workers and assistant harm reduction workers have been recruited across Forth Valley for 1 year, which saw some people move into permanent positions after and others gain experience of working in service delivery. The workers were all salaried commensurate with other public sector roles. We are also creating employment opportunities in housing delivery too.

People access interventions to reduce drug related harm

3.12 Which of these settings offered the following to the public during 202/21? (mark all that apply)

Setting:	Supply Naloxone	Hep C Testing	IEP Provision	Wound care
Drug services Council –	<input type="checkbox"/> NA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drug Services NHS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Drug services 3rd Sector	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Homelessness services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Peer-led initiatives	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Community pharmacies	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
GPs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
A&E Departments	<input type="checkbox"/> *	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Women's support services .	<input type="checkbox"/> NA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family support services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Justice services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Mobile / outreach services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Other ... (please detail)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Under the terms of our local enhanced service, primary care deliver Naloxone supply, IEP, Hep C Testing and treatment in line with the MAT standards.

*A&E Naloxone provision is now delivering Naloxone but this began after the 2020/21 financial year.

Social inclusion project was operational during this project, including an outreach van.

A person-centred approach is developed

3.14 To what extent were Recovery Oriented Systems of Care (ROSC) embedded across services within the ADP area? ROSC is centred on recognising the needs of an individual's unique path to recovery. This places the focus on autonomy, choice and responsibility when considering treatment.

Fully embedded ☐
Partially embedded ☒
Not embedded ☐

Please provide details (max 300 words)

Elements of the ROSC are better embedded than others but work is continuing to ensure statutory services are aligned with the needs of a ROSC and that our collective practice addresses these concerns. We need to take stock of the effects of COVID-19 on people with substance use problems and our capacity to respond to them, this will be part of our thinking on the ROSC in the next year.

3.15 Are there protocols in place between alcohol and drug services and mental health services to provide joined up support for people who experience these concurrent problems (dual diagnosis)?

Yes ☒
No ☐

Please provide details (max 300 words)

Pathways for people with dual diagnosis have existed before but are currently being revised with a view to enhancing them.

Is staff training provided (dual diagnosis)?

Yes ☒
No ☐

Please provide details (max 300 words)

All our drugs training addresses mental health use and polysubstance use at every level.

Have mental health services requested Naloxone following updated guidelines from the Lord Advocate?

Yes ☒
No ☐

Please provide details (max 300 words)

Hospital-based mental health services prescribe naloxone where appropriate, our aim in the coming year is to explore this with community services.

The recovery community achieves its potential

3.16 Were there active recovery communities in your area during the year 2020/21?

Yes ☒
No ☐

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

Yes ☒
No ☐

3.18 Please provide a short description of the recovery communities in your area during the year 2020/21 and how they have been supported.

The ADP has secured a 3-year contract for the Forth Valley Recovery Community, to give stability and the ability to plan into the future. The recovery community are being supported to develop wider links across integrated services and to support paid employment opportunities for people in recovery, including in our non-fatal overdose pathway. This will help develop advocacy capacity and transform the possibilities for lived experience influencing practice and policy across the whole system.

A trauma-informed approach is developed

3.19 During 2020/21 have services adopted a [trauma-informed approach](#)?

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

Please provide a summary of progress.(max 300 words)

All statutory and commissioned services are being advised on the development of a trauma-informed approach currently. This includes trauma walkthroughs and relating trauma informed approaches to the MAT standards. Our consultant clinical psychologist in addictions is advising us in relation to the MAT standards.

An intelligence-led approach future-proofs delivery

3.30 Which groups or structures were in place to inform surveillance and monitoring of alcohol and drug harms or deaths? (mark all that apply)

Alcohol harms group ☐
Alcohol death reviews (work being supported by AFS) ☒
Drug death review group ☒
Drug trend monitoring group ☒
Other ☐
Please provide details

In-service alcohol death reviews, and cases of people with ARBI, are reviewed as standard but we intend to undertake wider alcohol-specific death reviews through our new strategic deaths prevention team. We do not currently have a specific alcohol harms group. Through COVID-19 we convened a harm prevention group to look at the wider harms of substance use, in light of the effect of social distancing requirements on existing approaches to harm reduction which routinely stress in-person contact.

3.21 Please provide a summary of arrangements which were in place to carry out reviews on [alcohol related deaths](#) and how lessons learned are built into practice. If none, please detail why (max 300 words)

Deaths from alcohol which take place among people in services are routinely investigated. We have not undertaken reviews of alcohol-specific deaths in the community so far, as we are prioritising the redevelopment of drug and suicide death review processes through our strategic deaths prevention team. This work will yield a multidisciplinary, collaborative environment which can be of benefit to alcohol-specific death reviews, which we are committed to undertaking in line with the 3-year timescale for the ADP outlined by the Minister for Public Health in 2020.

3.22 Please provide a summary of arrangements which were in place to carry out reviews on drug related deaths and how lessons learned are built into practice.

We have a drug deaths review group and a strategic review group which works from our delivery plan. Both these groups have continued to meet through the COVID-19 period to ensure continuity in this area. We have dedicated resources to build a strategic deaths prevention team which can strengthen our approach to drug, suicide and alcohol deaths and incorporate best practice on issues such as family involvement, where appropriate.

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

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

Yes ☒

No ☐

Please give details (E.g. type of support offered and target age groups)

Evidence-based interventions for this age group are delivered by commissioned third sector organisations.

4.2 Did you have specific treatment and support services for children and young people (under the age of 25) affected by alcohol and/or drug problems of a parent / carer or other adult?

Yes ☒

No ☐

Please give details (E.g. type of support offered and target age groups)

Our Families Support Service provides support to the whole family affected by alcohol or drug problems of a parent or carer or other adult. We also have a specialist young person's nurse for children who use substances, working with commissioned third sector organisations which gives young people equivalent service as would be available for adults in other services. Time for Us is a service for children affected by family substance use too, delivered through a commissioned third sector service. We are also developing a young person's pathway for support around substance use issues.

4.3 Does the ADP feed into/ contribute toward the integrated children's service plan?

Yes ☒

No ☐

Please provide details on how priorities are reflected in children's service planning e.g. collaborating with the children's partnership or the child protection committee? (max 300 words)

The ADP Lead Officer is a member of the integrated children's service group and contributes to planning, ensuring alignment with wider ADP activity.

4.4 Did services for children and young people, with alcohol and/or drugs problems, change in the 2020/21 financial year?

Improved ☒

Stayed the same ☐

Scaled back ☐

No longer in place ☐

Please provide additional information (max 300 words)

A new contract for Children and Young People's services has been awarded.

4.5 Did services for children and young people, affected by alcohol and/or drug problems of a parent / carer or other adult, change in the 2019/20 financial year?

Improved ☐

Stayed the same ☒

Scaled back ☐

No longer in place ☐

Please provide additional information (max 300 words)

This work continued through the pandemic, led by our Families' Service.

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

Yes ☒

No ☐

Please provide details (max 300 words)

This support is provided through our Families' Service, funded through the ADP.

4.7 Did services for adult family members change in the 2020/21 financial year?

Improved ☒

Stayed the same ☐

Scaled back ☐

No longer in place ☐

Please provide additional information.

There was an increase in resource for the Families' Service, a one-off grant in response to the impact of COVID-19.

4.8 Did the ADP area provide any of the following adult services to support family-inclusive practice? *(mark all that apply)*

Services:	Family member in treatment	Family member not in treatment
Advice	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Mutual aid	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Mentoring	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Social Activities	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Personal Development	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Advocacy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Support for victims of gender based violence	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Other <i>(Please detail below)</i>	<input type="checkbox"/>	<input type="checkbox"/>

Please provide additional information.(max 300 words)

All the above are available but had to be scaled back at points due to COVID-19 restrictions. They continue to come back online as restrictions have been released.

5. A Public Health Approach to Justice

5.1 If you have a prison in your area, were arrangements in place and executed to ensure prisoners who are identified as at risk left prison with naloxone?

Yes ☒
 No ☐
 No prison in ADP area ☐

Please provide details on how effective the arrangements were in making this happen (max 300 words)
 Naloxone is offered to all prisoners on release, though some may choose not to accept it. We also have practice in place for people leaving prison on a Friday to ensure continuity of medications through the weekend. We are also developing standard operating procedures here.

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

Information sharing ☒
 Providing advice/ guidance ☒
 Coordinating activities ☒
 Joint funding of activities ☐
 Upon release, is access ☒
 Available to non-fatal
 Overdose pathways?
 Other ☐ Please provide details

Please provide details.

We work routinely with partners in community justice. ADP planning routinely considers and consults on the needs of community justice partners in all matters, not solely those relating to justice.

5.3 Has the ADP contributed toward community justice strategic plans (E.g. diversion from justice) in the following ways? *(mark all that apply)*

- | | |
|-----------------------------|-------------------------------------|
| Information sharing | <input checked="" type="checkbox"/> |
| Providing advice/ guidance | <input checked="" type="checkbox"/> |
| Coordinating activities | <input checked="" type="checkbox"/> |
| Joint funding of activities | <input type="checkbox"/> |
| Other | <input type="checkbox"/> |

Please provide details.

We also ensure that ADP spending contributes to the community justice agenda, planning on a population basis and actively looking to eradicate barriers to treatment regardless of setting.

5.4 What pathways, protocols and arrangements were in place for individuals with alcohol and drug treatment needs at the following points in the criminal justice pathway? Please also include any support for families. (max 600 words)

a) Upon arrest

We have an arrest referral service (this was affected by COVID-19 restrictions in some settings).

b) Upon release from prison

All prisoners are offered naloxone and statutory through care, with arrangements for MAT continuity made between the prison healthcare team and local NHS team. Additionally an information leaflet for people liberated from prison early due to COVID was developed and shared.

6. Equalities

Please give details of any specific services or interventions, which were undertaken during 2020/21 to support the following equalities groups:

Our compliance with the equalities act ensures that all services are accessible to people regardless of their status or personal characteristics. We are continuing to evaluate the provision of equalities training for staff in commissioned and statutory services.

6.1 Older people *(please note that C&YP is asked separately in section 4 above)*

We delivered training on drinking among older people for social care staff, to reinforce the message that drinking carries higher risks for older people. This was in line with the HSCP strategic plan objectives.

6.2 People with physical disabilities

Services consider accessibility needs on an individual basis. Where necessary home visits can be arranged.

6.3 People with sensory impairments
All FV Services have access to the appropriate expert advice re the above via NHS FV.
6.4 People with learning difficulties / cognitive impairments.
All FV Services have direct access to support from the FV LD Team for advice re engagement of those with LD or CI.
6.5 LGBTQ+ communities
6.6 Minority ethnic communities
Where there are cases where English is not the first language all FV Services can access the interpreter service, via NHS FV.
6.7 Religious communities
Our service personnel undertake equalities training to equip them with the skills required to support diverse communities and their needs.
6.8 Women and girls (including pregnancy and maternity)
We have services within our portfolio which support Young People affected by substance use; these are totally separate from adult provision, as per best evidence. Pathway development work led by the ADP brought forward a Pregnancy Pathway for those affected by substance use that is deemed to require additional support.

II. FINANCIAL FRAMEWORK 2020/21

Your report should identify all sources of income (excluding Programme for Government funding) that the ADP has received, alongside the funding that you have spent to deliver the priorities set out in your local plan. It would be helpful to distinguish appropriately between your own core income and contributions from other ADP Partners. It is helpful to see the expenditure on alcohol and drug prevention, treatment & recovery support services as well as dealing with the consequences of problem alcohol and drug use in your locality. You should also highlight any under spend and proposals on future use of any such monies.

A) Total Income from all sources

Funding Source (If a breakdown is not possible please show as a total)	£
Scottish Government funding via NHS Board baseline allocation to Integration Authority	1,406,384
2020/21 Programme for Government Funding	0
Additional funding from Integration Authority	1,415,415

Funding from Local Authority	0
Funding from NHS Board	1,648,502
Total funding from other sources not detailed above	0
Carry forwards	0
Other	0
Total	4,470,301

B) Total Expenditure from sources

	£
Prevention including educational inputs, licensing objectives, Alcohol Brief Interventions)	38,050
Community based treatment and recovery services for adults	3,962,995
Inpatient detox services	91,980
Residential rehabilitation services	24,822
Recovery community initiatives	60,917
Advocacy Services	0
Services for families affected by alcohol and drug use	89,740
Alcohol and drug services specifically for children and young people	0
Community treatment and support services specifically for people in the justice system	122,277
Other	
Total	4,390,781

7.1 Are all investments against the following streams agreed in partnership through ADPs with approval from IJBs? *(please refer to your funding letter dated 29th May 2020)*

- Scottish Government funding via NHS Board baseline allocation to Integration Authority
- 2020/21 Programme for Government Funding

Yes ☒

No ☐

Please provide details (max 300 words)

7.2 Are all investments in alcohol and drug services (as summarised in Table A) invested in partnership through ADPs with approval from IJBs/ Children's Partnership / Community Justice Partnerships as required?

Yes ☒

No ☐

Please provide details (max 300 words)