



Item No: 12

Meeting Date: Wednesday 25th November 2020

Glasgow City Integration Joint Board

Report By: Jackie Kerr, Assistant Chief Officer, Adult Services and North West

Contact: Gillian Ferguson, ADP Coordinator

Phone: 07770276127

Glasgow City Alcohol and Drug Partnership Annual Report 2019/20

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| Purpose of Report: | To advise the Integration Joint Board (IJB) of the Alcohol and Drug Partnership (ADP) Annual Report 2019/20. |
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| Background/Engagement: | The ADP is required to complete and submit an annual report based on a Scottish Government template. The template has changed significantly this year to try and ensure a greater degree of consistency in reporting across Scotland's ADPs. The template is designed to capture progress against national priorities. |
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| Recommendations: | The Integration Joint Board is asked to: a) note the contents of the ADP Annual Report 2019/20 |
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Relevance to Integration Joint Board Strategic Plan:

The detail captured in the ADP Annual Report demonstrates the contribution made towards the vision of the IJB, including

- Striving for innovation
- Designing and delivering services around the need of individual carers and communities
- Focussing on being responsive to Glasgow's population and where health is poorest
- Supporting vulnerable people and promoting social well being

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Implications for Health and Social Care Partnership:

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| Reference to National Health & Wellbeing Outcome: | The ADP activity contributed to outcomes 1, 2,3,4,5, 6,7, 8 and 9 |
| Personnel: | All necessary recruitment processes to support the activity are complete. |
| Carers: | Family support and carers groups were consulted on the ADP planned activity through membership of our sub group structure. |
| Provider Organisations: | The involvement of provider organisations in delivering the ADP activity is essential. The voluntary sector remain key members of the ADP. |
| Equalities: | Equality impact assessments will be undertaken for service developments as required. |
| Fairer Scotland Compliance: | ADP activity will contribute to alleviating the socio-economic disadvantage experienced across the city, by reducing harms caused by alcohol and drugs and supporting more people into recovery. |
| Financial: | The investment detailed is fully funded from ADP funding secured from the Scottish Government. |
| Legal: | No legal issues |
| Economic Impact: | The reported activity will have had a positive economic impact, reducing harms to communities, encouraging people into recovery and employment. |
| Sustainability: | The activity detailed in the annual report has grown our recovery communities, adding value to community services, increasing their positive impact and sustainability |
| Sustainable Procurement and Article 19: | None |
| Risk Implications: | Much of the activity detailed is focussed on harm reduction and the mitigation of risk for individuals and communities. |

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| Implications for Glasgow City Council: | None |
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|---|------|
| Implications for NHS Greater Glasgow & Clyde: | None |
|---|------|

| Direction Required to Council, Health Board or Both | |
|---|-------------------------------------|
| Direction to: | |
| 1. No Direction Required | <input checked="" type="checkbox"/> |
| 2. Glasgow City Council | <input type="checkbox"/> |
| 3. NHS Greater Glasgow & Clyde | <input type="checkbox"/> |
| 4. Glasgow City Council and NHS Greater Glasgow & Clyde | <input type="checkbox"/> |

1. Purpose

- 1.1. To advise the Integration Joint Board (IJB) of the Glasgow City Alcohol and Drug Partnership's Annual Report covering the period 2019/20.

2. Background

- 2.1. The Glasgow City Alcohol and Drug Partnership (ADP) is required to submit an annual report to the Scottish Government.
- 2.2. The report is completed using the Scottish Government's own template which focusses on delivery progress and the financial framework.
- 2.3. The template is designed to capture progress against national priorities and 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 and Evaluation of Rights, Respect and Recovery
 - The work of a number of national groups including the Whole Family Approach Group, Public Health Surveillance Group, Residential; Rehab working group amongst others
 - The priority areas of work for national organisations which support local delivery
- 2.4. The Annual report was approved by the ADP on 21st October 2020 and provisionally submitted to the Scottish Government.

3. Recommendations

- 3.1. The Integration Joint Board is asked to:
- a) note the contents of the Glasgow City ADP Annual Report 2019/20.

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**ALCOHOL AND DRUG PARTNERSHIP ANNUAL REVIEW 2019/20** (*Glasgow City*)**I. Delivery progress****II. Financial framework**

This form is designed to capture your **progress during the financial year 2019/20** 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 2019/20. 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. Please also ensure all **sections in yellow** are fully completed.

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 rights, respect and recovery](#) (MERRR). This data is due to be published in 2021.

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 inform the MERRR and excerpts and/or summary data from the submission will be used in published MERRR 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 2020** to: alcoholanddrugdelivery@gov.scot



NAME OF ADP: Glasgow City

Key contact:

Name: Gillian Ferguson

Job title: ADP Coordinator

Contact email: Gillian.ferguson@glasgow.gov.uk

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 2019/20?

Chair (*Name, Job title, Organisation*) : Jackie Kerr, ACO, Adult Services, Glasgow City HSCP

Representation

The public sector:

Police Scotland ☒

Public Health Scotland ☒

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 | <input checked="" type="checkbox"/> |
| Community justice | <input checked="" type="checkbox"/> |
| Mental health services | <input checked="" type="checkbox"/> |
| Elected members | <input type="checkbox"/> |
| Other | <input type="checkbox"/> Please provide details..... |
| <i>The third sector:</i> | |
| Commissioned alcohol and drug services | <input checked="" type="checkbox"/> |
| Third sector representative organisation | <input checked="" type="checkbox"/> |
| Other third sector organisations | <input type="checkbox"/> Please provide details..... |
| | |
| People with lived/ living experience | <input checked="" type="checkbox"/> |
| Other community representatives | <input checked="" type="checkbox"/> |
| Other | <input checked="" type="checkbox"/> Citywide families/carers rep |
| 1.3 Are the following details about the ADP publically available (e.g. on a website) ? | |
| Membership | <input checked="" type="checkbox"/> |
| Papers and minutes of meetings | <input checked="" type="checkbox"/> |
| Annual reports/reviews | <input checked="" type="checkbox"/> |
| Strategic plan | <input checked="" type="checkbox"/> https://www.glasgow.gov.uk/index.aspx?articleid=18428 |

1.4 How many times did the ADP executive/ oversight group meet during 2019/20?

The ADP Strategic group met 6 times April 2019-March 2020

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 ☒

Posters ☒

Website/ social media ☒

Please provide links

Accessible formats (e.g. in different languages) ☐

Please provide details.....

Other ☐

Please provide details.....

2.2 Please provide details of any specific communications campaigns or activities carried out during 19/20 (E.g. Count 14 / specific communication with people who alcohol / drugs and/or at risk) (max 300 words).

The GGC Alcohol and Drug Communications group facilitated the promotion of the second phase of Count 14.

The GGC Drug Trend Monitoring Group coordinates alerts and harm reduction messages based on local intelligence and evidence

2.3 Please provide details on education and prevention measures/ services/ projects provided during the year 19/20 specifically around drugs and alcohol (max 300 words).

- Development of the Alcohol and Drug Prevention Framework <https://www.nhs.gov.uk/about-us/professional-support-sites/health-improvement-alcohol-and-drugs/ggc-alcohol-and-drug-prevention-framework/>
- 'A Home for Rory'- targeted resource for kinship carers and foster carers
- Substance Misuse toolkit is reviewed and updated annually- www.nhs.gov.uk/substancemisusetoolkit
- CRAFFT training for youth workers, to engage young people in structured conversations about their alcohol/drug use <http://hdl.handle.net/11289/580261>
- Community Alcohol Campaigns: Interactive planning tool <http://www.ripple-effect.org.uk/can-master-september-2018-2/>



- Ripple Effect Community Activity fund <https://indd.adobe.com/view/b17fca94-f998-48bf-a0a1-e237192c2bff>
- Best Bar None Glasgow- training seminars provided to licensed premises on preventing and mitigating harms from substance misuse on premises, training for staff of large scale music events
- Drug trend awareness sessions for children's residential services, homelessness, community justice, prisons, acute staff
- Development of alerts and harm reduction information based on evidence of new and changing trends via the GGC Drug Trend Monitoring Group
- Targeted work with Community Justice- employability and mental health awareness
- Training pilot on Constructive Connections: Families Impacted by the Justice System
- Mental health First Aid sessions provided across justice services
- Drug education and prevention session in prisons
- Peer harm reduction scoping within prisons
- Alcohol and drugs training provided by SDF
- ABIs delivered by Glasgow Council on Alcohol (GCA)
- Multiple risk education programme for children and young people in school and community settings- delivered by GCA
- Cannabis training
- ADP membership of the Police Scotland, G Division Drug Strategy Group

2.4 Was the ADP represented at the alcohol Licensing Forum?

Yes ☐ No ☒ ☐

Please provide details (max 300 words)

The ADP has a number of partners who are members on the Local Licensing Forum including NHSGGC Public Health, Health Improvement, Glasgow City Neighbourhood & Sustainability and Police Scotland. This has allowed for constructive discussions on cross-cutting issues for the ADP and Forum such as the impact of large scale events, the late-hours opening pilot and drugs within licensed premises. This has resulted in ADP working with partners in the production of harm reduction training as well as collaborating on evidencing impacts from these topics.

2.5 Do Public Health review and advise the Board on license applications?

All ☐
 Most ☐
 Some ☒
 None ☐

Please provide details (max 300 words)

The Health Improvement Lead Alcohol Licensing reviews applications in which public health are notified (new premises, provisional premises and major variations). Of 151 applications received during 2019-20, responses were submitted for 20. Off-sales provision in areas already adversely impacted by alcohol harms and access for children and young people were the main reasons for submitting a response. By



31st March 2020, 15 of the 20 applications had been considered by the Licensing Board with 9 (60%) having positive outcomes.



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 2019/20 was there an Immediate Response Pathway for Non-fatal Overdose in place?

Yes ☒

No ☐

In development ☒

Please give details of developments (max 300 words)

An assertive response is in place for those people who have had non-fatal overdose and are known to services. For those who have had a non-fatal overdose but are unknown to services, we are working on the necessary ISA to allow us to assertively outreach.

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 19/20 (max 300 words).

Investment in new outreach posts attached to each team to assertively engage with service users who are struggling to maintain contact with support and treatment. The ADP has also funded Primary Care Alcohol Nurse Outreach service (PCANOS) across the city to directly target problematic alcohol users who previously would not engage with Addiction Services.

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

Same day prescribing of OST ☒

Methadone ☒

Buprenorphine and naloxone combined (Suboxone) ☐

Buprenorphine sublingual ☒

Buprenorphine depot ☒

Diamorphine ☒

Other non-opioid based treatment options



Other
appropriate

☒ Benzodiazepine MAT available where

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 19/20 (max 300 words).

Access teams continue to offer same day service to those looking to access treatment and care. Out of hours support is available through the Crisis Centre.

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 in all priority settings | | <input checked="" type="checkbox"/> |
| Arrangements of the delivery of ABIs in non-priority settings | <input checked="" type="checkbox"/> | |
| Other | <input checked="" type="checkbox"/> | Harm reduction approach used to address alcohol harms including Pabrinex prescribing to those still drinking |

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):

Adult Services

Children and Family Services

Third sector

☐
☐


 Public sector ☒ ☒

 Other ☐ ☐

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

GADRS performance reports routinely reviewed. Clinical governance structure with monthly meetings reviews SCIs.

Purchased services are monitored by the Contract and Commissioning team at regular review meetings that include lived experience.

3.7 Were there pathways for people to access residential rehabilitation in your area in 2019/20?

 Yes ☒

 No ☐

Please give details below (including referral and assessment process) (max 300 words)

The Residential Recovery Services provision in Glasgow offers two models of service delivery which will be delivered from two separate services/localities. All referrals for residential rehabilitation will be discussed within the Alcohol and Drugs Recovery Service (ADRS) locality Multi-disciplinary Team meeting which takes place on a weekly basis, this group includes clinical and social care managers and has support from Tier 4 Psychology. Following agreement the care manager will complete the initial assessment of the needs of the individual, including the expected outcomes from the residential placement. Following this agreement the HSCP will review all funding requests across the city on a weekly basis, ensuring the appropriate resource is being requested and will pass the initial assessment/referral to the purchased service provider to progress admission. The provider will then arrange for assessment to take place, this will be within 7 days however if the need is more urgent this can be arrange within 1-2 days. Following assessment the provider will link with the individual and their care manager and progress admission, following admission regular reviews will take place which will involve the service user, statutory worker, residential key worker and any other involved person. Reviews will be completed on a 4-weekly basis, again this timescale can reduce if required.

3.8 How many people started a residential rehab placement during 2019/20? (if possible, please provide a gender breakdown)

121 – 79 male and 42 female



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

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

For people with lived experience :

- | | | |
|--------------------------------------|-------------------------------------|--|
| Feedback/ complaints process | <input checked="" type="checkbox"/> | |
| Questionnaires/ surveys | <input type="checkbox"/> | |
| Focus groups | <input checked="" type="checkbox"/> | |
| Lived/living experience group/ forum | <input checked="" type="checkbox"/> | |
| Board Representation within services | <input type="checkbox"/> | |
| Board Representation at ADP | <input checked="" type="checkbox"/> | |
| Other | <input checked="" type="checkbox"/> | Lived experience are included in the commissioning and contract monitoring of our purchased services |

Please provide additional information (optional)

Click or tap here to enter text.

For family members:

- | | | |
|--------------------------------------|-------------------------------------|-----------------------------|
| Feedback/ complaints process | <input checked="" type="checkbox"/> | |
| Questionnaires/ surveys | <input 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 checked="" type="checkbox"/> | |
| Other | <input type="checkbox"/> | Please provide details..... |

Please provide additional information (optional)

Click or tap here to enter text.



3.10 Had the involvement of people with lived/ living experience, including that of family members, changed over the course of the 2019/20 financial year?

Improved ☐

Stayed the same ☒

Scaled back ☐

No longer in place ☐

Please give details of any changes (max 300 words)

[Click or tap here to enter text.](#)

3.11 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)

People with lived experience were encouraged to apply for new GADRS outreach worker posts . Our purchased employment project for those in recovery gets people ready for work

People access interventions to reduce drug related harm

3.12 Which of these settings offered the following to the public during 2019/20? (mark all that apply)

| Setting: | Supply Naloxone | Hep C Testing | IEP Provision | Wound care |
|-----------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| Drug services Council | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" 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 type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Homelessness services | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |



| | | | | |
|---|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| Peer-led initiatives | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Community pharmacies | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| GPs | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input 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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Family support services | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Mental health services | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Justice services | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Mobile / outreach services | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Other ... (please detail) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| HIV testing has been a priority in the city- this is provided by GADRS, some purchased drug services, some community pharmacies, GPs, mobile IEP van and city centre outreach teams. Our commissioned Recovery Hub services also supplied Naloxone. We run an IPED clinic from the Crisis Centre. | | | | |

A person-centred approach is developed

3.13 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)

GADRS have a strong commitment to the development of a recovery workforce. Treatment and care staff and a range of stakeholders have been engaged in a range of training and briefing sessions on recovery orientated systems of care. These are hosted by our recovery communities and demonstrate the range of recovery journeys achieved by those with lived experience.

3.14 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)

Protocols exist with pathways into mental health services with a plan to review and improve the interface in 2020.

The recovery community achieves its potential

3.15 Were there active recovery communities in your area during the year 2019/20?

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 ☐

3.17 Please provide a short description of the recovery communities in your area during the year 2019/20 and how they have been supported (max 300 words)

Currently Glasgow has around 600 – 800 people in the city who participate in Recovery Communities in the course of a week, with capacity growing on a continuous basis. Recovery Communities have strong aspirations for shifting cultures, creating community ownership and control, building on community assets and making best use of vital partnerships with service providers. Glasgow ADP and Recovery Communities also work closely with the Scottish Recovery Consortium. Since the start of the Covid19 pandemic the Recovery communities have been offering online support and facilitating online meetings.

A trauma-informed approach is developed

3.18 During 2019/20 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)

Trauma informed practice is embedded in the GADRs delivery. Training programme being developed for HSCP staff across the system.

An intelligence-led approach future-proofs delivery

3.19 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 | <input checked="" type="checkbox"/> | |
| Drug death review group | <input checked="" type="checkbox"/> | |
| Drug trend monitoring group | <input checked="" type="checkbox"/> | |
| Other | <input checked="" type="checkbox"/> | Drug Harms Group |

3.20 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 (max 300 words)

A rapid alert is done for every death of a service user. Every death is reviewed by the team and learning shared through management structures. Having commissioned a comprehensive review and casenote analysis of Alcohol related deaths (ARD), ARD data is now collected on an annual basis, utilising information from the National Records of Scotland. The Glasgow City alcohol related death research assistant provides an analysis and summary report of the key characteristics of those who have died in Glasgow City of an alcohol related death. The report is disseminated and discussed at the Alcohol Harms Group which has a focus on alcohol death prevention and harm reduction activity. The Harms Group's objectives are to co-ordinate, monitor and report on the work identified in the Alcohol & Drug Death Prevention Action Plan, this action plan is directly informed by the alcohol related death review information.



3.21 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 (max 300 words)

A rapid alert is done for every death of a service user. Every death is reviewed by the team and learning shared through management structures. Reviews of drug related death trends are led by the requirement to complete and contribute to the National Drug Related Deaths Database (NDRDD) which collects detailed information regarding the nature and social circumstances of individuals who have died of a drug related death. Updates are provided for every Drug Harms group meeting and a comprehensive report is provided annually to the Glasgow City ADP Harms Group and informs the Drug Death Prevention Action Plan. Furthermore information on drug related deaths and trends have been monitored by the Drug Death Research Associate in close collaboration with Police Scotland, the Procurator Fiscal and The Department of Forensic Medicine, Glasgow University. This has allowed the Drug Harms Group to prioritise activity based on the evidence.



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)

The Know Your Way service is a 12 week programme of support for 12 -18 year olds.

The GADRS Young Person's Team delivers specialist support to young people, including MAT.

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)

Homework Clubs are delivered across the city for children affected by parental alcohol/drug use, providing social support, educational support and a meal.

The Recovering Families project delivers support to children of people in recovery, in partnership with recovery communities

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 and s service planning e.g. collaborating with the children's partnership or the child protection committee? (max 300 words)

The Assistant Chief Officer for Children's services sits on the ADP and links to all children's services structures, including the CPC



4.4 Did services for children and young people, with alcohol and/or drugs problems, change in the 2019/20 financial year?

- Improved ☒
- Stayed the same ☐
- Scaled back ☐
- No longer in place ☐

Please provide additional information (max 300 words)

GADRS Young person's Team was developed, providing specialist MAT where appropriate

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)

The Glasgow Recovery Homework Club model was rolled out into North West sector of the city, delivering educational, social and recovery support to children affected by parental alcohol/drug use.

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

- Yes ☒
- No ☐

Please provide details (max 300 words)

Family Addiction Support Service (FASS) is the purchased support service for families affected by a loved one's alcohol/drug use



4.7 Did services for adult family members change in the 2019/20 financial year?

Improved ☐

Stayed the same ☒

Scaled back ☐

No longer in place ☐

Please provide additional information (max 300 words)

[Click or tap here to enter text.](#)

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 (Please detail below) | <input type="checkbox"/> | <input type="checkbox"/> |

Please provide additional information (max 300 words)

Support provided to family members is not dependant on their engagement with treatment services.



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 promotion within prison continues. Peer naloxone network plans are underway for prisons.

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 ☒

Other ☐ Please provide details

Please provide details (max 300 words)

The focus of Community Justice in Glasgow is on reoffending, ensuring as people come in contact with the justice system through their own offending, there is a coordinated approach, reducing the likelihood that they will offend again. Glasgow City has a CJG team resourced collectively by partners, many of whom sit on the ADP. This team has responsibility for liaising with all partners to ensure effective communication, performance management, and adherence to legislative requirements. Shared responsibility underpins the community justice model in Glasgow, and ensures that positive outcomes, connections, and good practice are achieved. CJG report to the Glasgow Community Planning Partnership and are embedded in the community planning structure

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 ☒
- Providing advice/ guidance ☒
- Coordinating activities ☒
- Joint funding of activities ☒
- Other ☐ Please provide details

Please provide details (max 300 words)

Glasgow City ADP contributes directly to Community Justice strategic plans and members of the CJG team sit on various ADP sub Groups. The lead for Criminal Justice sits on both the ADP Strategic and Executive groups, enabling the joint planning of new developments and coordination of activities.

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

The Positive Outcomes Project (POP) is directly involved with service users at the point of arrest and engages with them while they are still residing in custody. GADRs also work directly with both the Alcohol and Drug courts and are responsible for the alcohol and drug component of Criminal Justice assessments.

b) Upon release from prison

Prison Health Care links directly with GADRS to ensure all prison releases have a structured plan wherever possible.



6. Equalities

Please give details of any specific services or interventions which were undertaken during 2019/20 to support the following equalities groups:

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

Glasgow Alcohol and Drug Recovery services screen every new referral and take into account all protected equality characteristics, **age, religion and belief, race, disability, sex, sexual orientation, pregnancy and maternity, marriage and civil partnership, and gender reassignment** during their assessment process. This ensures that individual services users are allocated according to need and that all appropriate supports are put in place to help facilitate their recovery journey.

6.2 People with physical disabilities

Glasgow Alcohol and Drug Recovery services screen every new referral and take into account all protected equality characteristics, **age, religion and belief, race, disability, sex, sexual orientation, pregnancy and maternity, marriage and civil partnership, and gender reassignment** during their assessment process. This ensures that individual services users are allocated according to need and that all appropriate supports are put in place to help facilitate their recovery journey.

6.3 People with sensory impairments

Glasgow Alcohol and Drug Recovery services screen every new referral and take into account all protected equality characteristics, **age, religion and belief, race, disability, sex, sexual orientation, pregnancy and maternity, marriage and civil partnership, and gender reassignment** during their assessment process. This ensures that individual services users are allocated according to need and that all appropriate supports are put in place to help facilitate their recovery journey.

6.4 People with learning difficulties / cognitive impairments.

Glasgow Alcohol and Drug Recovery services screen every new referral and take into account all protected equality characteristics, **age, religion and belief, race, disability, sex, sexual orientation, pregnancy and maternity, marriage and civil partnership, and gender reassignment** during their assessment process. This ensures that individual services users are allocated according to need and that all appropriate supports are put in place to help facilitate their recovery journey.

6.5 LGBTQ+ communities

Glasgow LGBTQI Substance Use Partnership developed and launched a social media harm reduction campaign on alcohol and drugs #KinderStrongerBetter and launched the website kinderstrongerbetter.org



6.6 Minority ethnic communities

The South Glasgow ADP hosts a BME subgroup. Membership includes partners from local third sector projects and lived experience.

6.7 Religious communities

Following consultation event with the South Asian community in Glasgow, awareness raising sessions have been delivered to religious and community leaders in alcohol and drug issues

6.8 Women and girls (including pregnancy and maternity)

Glasgow ADP links in with pregnancy and maternity through the Children and families sub-group and is currently developing staff training in partnership with the Special Needs In Pregnancy Service, in respect of the revised assessment tool for both ante and post-natal care.

Glasgow ADP has also continued to develop woman only groups within its recovery communities, following the recommendations of an independent evaluation carried on the city's recovery communities.



II. FINANCIAL FRAMEWORK 2019/20

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 underspend 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 | 9,818,158 |
| 2019/20 Programme for Government Funding | 548,000 |
| Additional funding from Integration Authority | 29,468,773 |
| Funding from Local Authority | |
| Funding from NHS Board | |
| Total funding from other sources not detailed above | |
| Carry forwards | 2,001,677 |
| Other | |
| Total | 41,836,608 |

B) Total Expenditure from sources

| | £ |
|---|-------------------|
| Prevention including educational inputs, licensing objectives, Alcohol Brief Interventions) | 1,330,887 |
| Community based treatment and recovery services for adults | 20,877,465 |
| Inpatient detox services | 2,218,445 |
| Residential rehabilitation services | 4,206,947 |
| Recovery community initiatives | 2,626,994 |
| Advocacy Services | 50,000 |
| Services for families affected by alcohol and drug use | 181,679 |
| Alcohol and drug services specifically for children and young people | 81,814 |
| Community treatment and support services specifically for people in the justice system | * |
| Other | 7,652,818 |
| Total | 39,227,049 |

*Drug Court and 218 Project report under Criminal Justice



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
- 2019/20 Programme for Government Funding

Yes ☒

No ☐

Please provide details (max 300 words)

All ADP funding decisions go to the IJB for approval.

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)

As above, all funding decisions are finally approved by the IJB. Senior members of Children's Services and the Community Justice Partnership's management teams sit on the ADP and contribute to investment decisions.