



Item No: 14

Meeting Date: Wednesday 20th November 2019

**Glasgow City
Integration Joint Board**

Report By: Susanne Millar, Interim Chief Officer

Contact: Michael Robinson, Senior Officer

Tel: 0141 276 6668

ADP ANNUAL REPORT 2018-19 (GLASGOW CITY)

Purpose of Report:	The purpose of the report is to advise the Integration Joint Board on the Alcohol and Drug Partnership Annual Report to the Scottish Government.
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Background/Engagement:	<p>The ADP is required to complete and submit an annual report based on the Scottish Government template.</p> <p>The report is structured in 3 parts:</p> <ul style="list-style-type: none"> • Finance • Responding to Ministerial Priorities • Formal arrangements for working with local partners. <p>The Glasgow City report was submitted to the Scottish Government on 25th September 2019 to comply with the Scottish Government deadline.</p>
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Recommendations:	<p>The Integration Joint Board is asked to:</p> <ol style="list-style-type: none"> a) Note the report; and b) Note the feedback which has been received from the Scottish Government.
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Relevance to Integration Joint Board Strategic Plan:

<p>The annual report demonstrates that the ADP is working in accordance with the IJB stated vision.</p> <ul style="list-style-type: none"> • Striving for innovation

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- 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

Implications for Health and Social Care Partnership:

Reference to National Health & Wellbeing Outcome:	The work detailed in the ADP annual report relates to all 9 of the National Health and Well Being Outcomes.
Personnel:	<p>There are staffing implications highlighted in some of the new work being under taken by the ADP in 2018/19 which involved both the use of new Scottish Government funding as well as a re-alignment of current funding.</p> <p>All changes are managed in partnership with Staff Side representatives and professional bodies and in accordance with organisational change polices.</p>
Carers:	ADP continues to engage with carer representatives through its governance arrangements.
Provider Organisations:	ADP continues to ensure all partner organisations are represented through its governance arrangements.
Equalities:	Inequality, alcohol and drug issues, mental health and human rights are inextricably linked. Equalities Impact Assessments will be undertaken for aspects of the service development as appropriate.
Fairer Scotland Compliance:	The ADP aims to reduce socio-economic disadvantage and reduce inequalities of outcome. The ADP annual report reflects this ongoing commitment.
Financial:	Reflected in the financial section of the report.
Legal:	The Enhanced Drug Treatment Service (Safer Drug Consumption Facility) will require significant legal changes. The Heroin Assisted Treatment facility will require approval from both the Home Office and Scottish Government to meet existing standards.
Economic Impact:	A positive impact is expected by the ADP with the creation of new or enhanced services.
Sustainability:	With respect to the new proposals highlighted in the Annual Report the Scottish Government funding is secure for 3 years to allow the system wide transformation to be developed.

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Sustainable Procurement and Article 19:	None
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Risk Implications:	A positive impact is expected with the creation of new or enhanced services over the last 12 months and a reduction in public nuisance and littering.
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Implications for Glasgow City Council:	None
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Implications for NHS Greater Glasgow & Clyde:	None
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Direction Required to Council, Health Board or Both	Direction to:	
	1. No Direction Required	✓
	2. Glasgow City Council	
	3. NHS Greater Glasgow & Clyde	
	4. Glasgow City Council and NHS Greater Glasgow & Clyde	

1. Purpose

1.1. The purpose of the report is to present for approval to the Integration Joint Board, the Alcohol and Drug Partnership Annual Report to the Scottish Government for 2018/19.

2. Background

2.1. Glasgow City ADP is required to submit an annual report to the Scottish Government.

2.2. The report has to be completed using the Scottish Government's own template which is in 3 parts:

- Financial Framework: This section highlights all sources of income received by the ADP
- Ministerial Priorities: This section is made up of four, multiple part, questions.
- Formal arrangement for working with local partners: This section outlines the formal arrangements within the ADP for working with local partners and the ADP Governance arrangements.

2.3. Within the Appendix section of the document the ADP has noted that the word restriction that had been put in place by the Scottish Government for the answers to the Ministerial Priorities questions in section two meant that it was necessary to edit down the full range of activity taking place.

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- 2.4. The report was provisionally submitted to the Scottish Government on 25th September 2019, and is attached to this report as Appendix 1.
- 2.5. The Scottish Government sent its feedback to Glasgow City on 25th October, and is attached to this report as Appendix 2.

3. Recommendations

- 3.1 The Integration Joint Board is asked to:
 - a) Note the report; and
 - b) Note the feedback which has been received from the Scottish Government.

ADP ANNUAL REPORT 2018-19 (GLASGOW CITY)

ADP Reporting Requirements 2018-19

1. Financial framework
2. Ministerial priorities
3. Formal arrangements for working with local partners

Appendix 1 Feedback on this reporting template.

In submitting this completed Annual Report we are confirming that this has been signed off by Jackie Kerr, ADP Chair and Susanne Millar, Interim Integrated Authority Chief Officer.

The Scottish Government copy should be sent by **30 September 2019** for the attention of Amanda Adams to:

alcoholanddrugdelivery@gov.scot copied to Amanda.adams@gov.scot

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1. FINANCIAL FRAMEWORK - 2018-19

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)	preventing and reducing alcohol and drug use, harm and related deaths
Scottish Government funding via NHS Board baseline allocation to Integration Authority	£11,872,833
Additional funding from Integration Authority (excludes Programme for Government Funding)	£34,039,424
Funding from Local Authority	
Funding from NHS (excluding NHS Board baseline allocation from Scottish Government)	
Total Funding from other sources not detailed above	
Carry forwards	
Total (A)	£45,912,257

- Income from CPP and IGF limited to 'alcohol/drug/addiction' identifiable projects

B) Total Expenditure from sources

	preventing and reducing alcohol and drug use, harm and related deaths
Prevention (include community focussed, early years, educational inputs/media, young people, licensing objectives, ABIs)	
Treatment & Recovery Support Services (include interventions focussed around treatment for alcohol and drug dependence)	
Dealing with consequences of problem alcohol and drug use in ADP locality	
Total (B)	£44,289,114

- ADP Support Team costs attributed at 25% per stream

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C) 2018-19 Total Underspend from all sources: (A-B)

Income (A)	Expenditure (B)	Under/Overspend
£45,912,257	£44,289,114	£1,623,143 underspend

D) 2018-19 End Year Balance from Scottish Government earmarked allocations (through NHS Board Baseline)

	* Income £	Expenditure £	End Year Balance £
2018-19 investment for preventing and reducing alcohol and drug use, harm and related deaths	£11,872,833	£9,871,156	£2,001,677
Carry-forward of Scottish Government investment from previous year (s)			

Note: * The income figure for Scottish Government should match the figure given in table (a), unless there is a carry forward element of Scottish Government investment from the previous year.

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2. MINISTERIAL PRIORITIES

Please describe in bullet point format your local Improvement goals and measures for delivery in the following areas during 2018-19:

PRIORITY	*IMPROVEMENT GOAL 2018-19 This should include your percentage target for each priority area where applicable.	PROGRESS UPDATE Maximum of 300 words for each priority. This should include percentage of delivery against target	ADDITIONAL INFORMATION Maximum of 150 words
<p>1. Preparing Local Systems to Comply with the new Drug & Alcohol Information System (DAISy)</p>	<p>Ensure Glasgow Alcohol and Drugs Recovery Services (GADRS) data collection complies with requirements of DAISy.</p> <p>Develop a means of electronically transferring the required data to DAISy which has the least operational impact on GADRS.</p>	<p>The latest implementation date for DAISy is “<i>by the end of 2019</i>”. A project is underway with a timeline which has the necessary systems and processes in place for DAISy by December 2019.</p> <p>HSCP staff have continued to engage with colleagues in GADRS and drafted revised business processes and designed new forms in the Carefirst application to support the new service delivery model. The process and forms are consistent with the requirements of DAISy.</p> <p>Glasgow City Council’s ICT Contractor has developed the functionality required to apply DAISy validation rules to the data captured in DAISy-compliant e-Forms developed in Carefirst and extracting validated data in the format required for file upload to DAISy. While a number of risks have been identified within the project, we remain on track to meet the December deadline.</p>	<p>Progress updates with revised project plans and risk logs are being provided monthly to the Scottish Government and ISD.</p>

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<p>2. Tackling drug and alcohol related deaths (DRD & ARD)/risks in your local ADP area. Which includes - Increasing the reach and coverage of the national naloxone programme for people at risk of opiate overdose, including those on release from prison and continued development of a whole population approach which targets harder to reach groups and focuses on communities where deprivation is greatest.</p>	<p>Drug Deaths</p> <p>To tackle the complex issues around DRD within Glasgow city. The ADP aims to improve the rates in line with the national trends.</p> <p>Alcohol Deaths</p> <p>To reduce the rate of alcohol</p>	<p>Drug Deaths</p> <p>Glasgow city experienced 280 DRDs - an increase of 45.8% on 2017.</p> <p>Developing a working protocol to enable referrals on non- fatal overdoses recorded by the Scottish Ambulance Service to be sent to GADRS.</p> <p>Engaging with active public injectors in the city centre to meet needs.</p> <p>Specialist nursing input to IEP pharmacy to provide wound management and other services.</p> <p>Delivering assertive outreach model to reduce health inequalities and target service users most at risk.</p> <p>Preparing drug summit to engage key influences</p> <p>Glasgow ADP is represented on the Scottish Governments Drug Death Task Force</p> <p>Alcohol Deaths</p> <p>Glasgow city had 146 alcohol related</p>	<p>Drug Deaths</p> <p>The Enhanced Drug Treatment Service (EDTS) will provide supervised diamorphine to people with heroin addiction.</p> <p>The ADP continues to work towards a Safer Drugs Consumption Facility (SDCF).</p> <p>Review existing pathways to signposting, treatment for substances of concern</p> <p>Alcohol Deaths</p> <p>Proposals have</p>
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	<p>related mortality 5-10% by 2020.</p> <p>To increase screenings for alcohol use disorder delivered.</p>	<p>deaths in 2018 a 21.5% reduction from 2017.</p> <p>The ADP Alcohol Harms Group Action Plan 2018-21 is an evidence based plan centred upon the findings of the Glasgow City Alcohol Related Deaths Cohort Study.</p> <p>The plan covers assertive outreach; early screening for liver disease; alcohol detoxification; Pabrinex and vitamin prescribing; ARBD work and alcohol treatment and care guidance for both tier 1+2 services; licensing; Best Bar None and alcohol education.</p> <p>A GADRS response pathway has been developed for repeat presenters to Emergency Departments (EDs).</p> <p>The Multiagency Distress Collaborative seeks to ensure seamless link between ED information systems and GADRS for those who present to EDs.</p> <p>Exploring an evidenced based long term harm reduction pathway.</p> <p>A review of pre-detoxification preparation and post detoxification discharge.</p>	<p>been submitted to address gaps in risk population in primary care and hospital settings.</p> <p>The Deep End pilot and the purchase of a fibro scanner.</p> <p>Both will ensure timely support for alcohol focused treatment services following an inpatient episode and providing earlier identification and more intensive support for those living with an alcohol problem.</p>
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	<p>Naloxone</p> <p>The target set for 2018/19 was 1680 kits. 2,881 were distributed via PGD and framework supply. Awaiting numbers for prescribed kits.</p> <p>The interim target for 2019/20 is 3,000 naloxone kits for Glasgow City. The target number of kits distributed annually should be 10 to 20 times the number of opioid related drug deaths.</p>	<p>Incorporating identified alcohol related death risk factors into the assessment process.</p> <p>Continue to monitor a wide range of data and statistics from fatalities associated with alcohol use to Alcohol Screening Brief Intervention data.</p> <p>Naloxone</p> <p>There were 2,921 Naloxone kits dispensed between 2018/19 an increase of 78.9% on the previous year.</p> <p>Overdose prevention; naloxone training and supply is offered via GADRS sites, 47 Community Pharmacies (32 IEPs), Glasgow Drug Crisis Centre, Mobile IEP van, NW and NE Glasgow recovery Hubs and a number of outreach services including the Peer Naloxone Pilot Service.</p> <p>Training dates distributed to statutory and non-statutory services to provide overdose prevention and naloxone supply. Training sessions are multidisciplinary to promote networking.</p> <p>Police custody staff attending naloxone training the trainer.</p>	<p>Naloxone</p> <p>Naloxone peer supply model: Peer trainers have supplied 659 naloxone kits during 2018/19.</p> <p>New post created to develop the peer naloxone supply model.</p> <p>Community pharmacy staff involved in 13 administrations of Naloxone within Glasgow city since 2013.</p> <p>Proposal to</p>
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	<p>Whole population approach</p> <p>Reduce by 5-10% people who are</p>	<p>Regular training sessions to non-statutory services to hold emergency supply of naloxone.</p> <p>Homeless hostels, supported accommodation, mission houses and charity/third sector organisations hold an emergency supply(s) of naloxone for staff.</p> <p>Protocol developed to support GADRS to have naloxone kit available for home visits/outreach work.</p> <p>Reports of naloxone uses involving staff from GADRS, voluntary and non-statutory sector staff and pharmacies has increased within Glasgow city centre. Harm Reduction Action Group (HRAG) will work to create a network across the city centre where individuals can access naloxone.</p> <p>The naloxone competency framework has been rolled out across all sites providing naloxone supply.</p> <p>Whole population approach</p> <p>Glasgow City ADP has been commended</p>	<p>Community Pharmacy Scotland to support community pharmacies network across Scotland to hold an emergency supply of Naloxone.</p> <p>Naloxone nasal spray has been recently added to the NHSGGC medicines formulary</p> <p>Nyxoid Patient Group Direction (PGD) submission.</p> <p>Whole population approach</p> <p>The delivery and</p>
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	<p>identified in the Scottish Health Survey are 'Problem Drinkers'.</p> <p>Reduce by 5-10% in the proportion of adults drinking above daily and/or weekly recommended limits.</p> <p>Reduce by 5-10% in the proportion of adults drinking above twice daily recommended limits.</p> <p>Reduction of 5-10% by 2019 of 15 year olds who report drinking on a weekly basis.</p>	<p>by the Scottish Government for their efforts in this area.</p> <p>A new framework and implementation plan for prevention activity is in development.</p> <p>The GGC Alcohol & Drugs Communications Group set up a small sub group to develop a campaign to:</p> <p>Design a set of materials to be used as the basis of a social media communications campaign to raise awareness of the CMO Guidance.</p>	<p>embedding of ABIs remains a priority as per action 17 in the Alcohol Prevention Framework (2018).</p> <p>The 2019-20 LDP standard will strengthen the continued aim.</p>
<p>3. Ensuring a proactive and planned approach to responding to the needs of prisoners affected by problem drug and alcohol use and their associated through care arrangements, including women</p>	<p>Multi Agency Public Protection Agency (MAPPA) has a formal performance framework with national targets.</p> <p>'Constructive Connections' work is now completed. It is designed to effect change in HSCP services and community justice systems when engaging with children affected by parents caught up in the justice system. A specific work plan has been created for criminal justice and health improvement</p>	<p>Glasgow HSCP is responsible for Criminal Justice (CJ) and Homelessness and works closely with GADRS.</p> <p>Glasgow Court Services and CJ deliver a drug court model and have introduced an alcohol court model.</p> <p>A NHS lead for CJ has focussed on promoting health & wellbeing agenda and interventions particularly within CPO/UPW.</p> <p>Remand/Short term sentence treatment</p>	

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	<p>focussing on the wellbeing agenda.</p> <p>The Strategic and Operational CJ planning is designed to implement national policy and reduce offending particularly instructed by the revised community sentencing agenda. The aim is to reduce both the prison population and those reoffending in the community.</p>	<p>arrangements are maintained with SPS Health care, GADRS and CJ Services.</p> <p>High risk prisoner release arrangements ensure that public protection is paramount, especially under MAPPA, where prisoners are or were affected by problematic alcohol and drug use. The MAPPA process now includes a health care lead for public protection. There is also an additional CJ governance process in place for MAPPA arrangements.</p> <p>Glasgow city has established the Women's Community Justice Centre - Tomorrow's Women Glasgow (TWG). The strategic oversight for woman in the justice system is now managed through a citywide working group supported by CJ Glasgow. This delivers an integrated approach to women returning to the community from prison via a partnership between GHSCP and Third Sector.</p> <p>In response to MAPPA Thematic Review, continue to deliver awareness sessions on those who sexually offend using the internet, impact of personality disorder and extension case focus on violent offending histories.</p> <p>Progress to secure permanent</p>	
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		<p>accommodation for registered sex offenders.</p> <p>A resource developed for prison health workers to engage with individuals who have been hospitalised due to drug use, which includes information on harm reduction and stopping usage. Naloxone training was also delivered to health staff within prisons.</p> <p>A review and redesign of unpaid work provision for the city, in partnership with commissioned providers and will continue to prioritise our approach to working with women in the justice system going forward. This is very relevant to promoting the community justice sentencing priorities.</p>	
<p>4. Continued implementation of improvement activity at a local level, based on the individualised recommendations within the Care Inspectorate Report, which examined local implementation of the <i>Quality Principles</i>.</p>	<p>Continue to exceed the national target of the percentage of clients waiting no more than three weeks between referral to a specialist drug service and the commencement of treatment.</p> <p>Continue to exceed the percentage of clients waiting no more than three weeks between referral to a specialist alcohol service and commencement of</p>	<p>During 2018-19 Glasgow City ADP has continued to work on implementing an improvement methodology at local level, including the Quality Principles: Standard Expectations of Care and Support in Drug and Alcohol Services; Health and Social Care Standards, recommendations outlined in the independent expert group on opioid replacement therapies, and since 2018 Glasgow has embraced the recommendations outlined in Rights Respect and Recovery and the Alcohol</p>	<p>During 2018-19 Glasgow ADP at the request of Recovery Communities carried out an evaluation of Recovery Communities. The ADP in conjunction with recovery</p>

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	<p>treatment.</p> <p>Continue to ensure an increase in the number of treatments drug service clients receive at 3 month and 12 month follow up.</p> <p>90% of new referrals will have a Recovery Plan by 2020.</p>	<p>Framework.</p> <p>Glasgow City continues to evolve its Recovery Orientated System of Care (ROSC). This is evidenced through Glasgow City ADP's waiting times which demonstrates that services users can quickly access the appropriate alcohol and drug service to meet their needs. Added to this ADP has set up a ROSC programme both City wide and within the three sectors which includes service users, lived experience, staff from all ADP partners, carers community members and other organisations such as the DWP.</p> <p>All people have recovery plans that are based on individual needs and aspirations to support a safe recovery journey.</p> <p>Glasgow City ADP includes service users, people with lived experience and carers in all aspects of planning. This has been at both an individual level through recovery plans and at service planning and ADP level. Two examples illustrating this are the ADP review into the Residential services and the setting up of an Active Injectors forum in the city centre.</p>	<p>volunteers is working through the recovery sub-group to implement the recommendations in 2019.</p> <p>GADRS reviewed residential treatment services which included consultation with lived experience, and service providers. New residential contracts in place with service providers to begin in late autumn 2019. The ADP is currently implementing the services changes that this review generated.</p>
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		<p>The ADP undertook to continue to work with lived experience representatives on how best to incorporate the learning into HSCP processes an example of this has been lived experience involvement in mental health.</p> <p>Glasgow City ADP continues to demonstrate commitment to the quality principle that families are an inclusive part of the service.</p> <p>The City has strong recovery communities with around 700 – 900 people in the city participate 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. During 2018-19 Glasgow ADP at the request of Recovery Communities carried out an evaluation of the cities Recovery Communities. The ADP in conjunction with recovery volunteers is working through the recovery sub-group to implement the recommendations in 2019.</p> <p>Glasgow ADP continues to support Elevate-Glasgow which is a Public Social</p>	
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		Partnership (PSP), which aims to increase employability opportunities for individuals in recovery, reduce the number of adults in recovery who are unemployed and have a positive impact on health and wellbeing.	
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* SMART (*Specific, Measurable, Ambitious, Relevant, Time Bound*) measures where appropriate

3. FORMAL ARRANGEMENT FOR WORKING WITH LOCAL PARTNERS

What is the formal arrangement within your ADP for working with local partners including Integrated Authorities to report on the delivery of local outcomes?	<p>The ADP was set up in 2010 to provide strategic direction on alcohol and drug issues. The ADP launched its first strategy in 2011, followed by an updated version in 2014 with a third strategy for the period 2017/2020. One of the major aims of each strategy was to ensure that all ADP partners worked together to provide an agreed collective response to the challenges around both alcohol and drugs.</p> <p>The ADP partners include:</p> <ul style="list-style-type: none">○ Community Forums○ Education Services○ Glasgow Life○ Glasgow Works○ Glasgow City Health and Social Care Partnership○ Licensing Board○ NHS Greater Glasgow and Clyde○ Neighbourhoods and Sustainability
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- Police Scotland
- Recovery Communities
- Scottish Ambulance Service
- Scottish Fire and Rescue Service
- Scottish Prison Service
- Voluntary Sector.

These partners make up the membership of the ADP and the five ADP themed sub-groups:

- Children and Young People sub group (CYPSG)
- City Alcohol, Licensing and Drugs sub group (CALDG)
- Alcohol and Drug Harms Group (ADHG)
- Recovery sub group (RECSG)
- Prevention and Education sub group (PAESG).

Glasgow City ADP has a key role in directing how earmarked and additional resources are utilised locally. The Scottish Government provides 'earmarked' funding to ADPs to help them deliver against agreed national outcomes. This ADP earmarked funding is routed via NHS Boards for administrative reasons. Investment decisions are made on a partnership basis. The ADP resource is supplemented by investment from partners' core funding. ADPs identify investment from both earmarked and core funds as part of their plans and reports.

Glasgow City ADP's governance arrangements:

- The ADP 'Strategic Group' acts as the final 'sign off' group for ADP actions
- The oversight of budgets and planning sits with the 'workhorse' ADP Executive Group.

The ADP Executive Group further devolves responsibilities as follows:

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	<ul style="list-style-type: none">• Treatment and support funding is delegated to the Addictions Executive which is made up of HSCP senior managers• Themed areas of funding are delegated to each of the ADP's sub groups via the ADP Finance sub group• Devolved funding is delegated to locality ADP groups. <p>Glasgow City ADP also has a dual role - forming one of six Strategic Planning Groups for the HSCP. The ADP also held the lead role within the Community Planning Partnership on the delivery of the high level priority of 'Working with the people of Glasgow to create a healthier relationship with alcohol'. This work is now embedded within local sector activities.</p>
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In submitting this completed Investment Plan, we are confirming that this has been signed off by both the ADP Chair and Integrated Authority Chief Officer.

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APPENDIX 1:

1. **Please provide any feedback you have on this reporting template.**

The simple structure of the template is helpful and the clear guidelines on word limitations is noted. Within the word limitations it has been necessary for Glasgow City ADP to edit down some of the range of activity taking place.

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SCOTTISH GOVERNMENT FEEDBACK TO GLASGOW CITY ADP

ADP ANNUAL REPORT 2018-19

1. FINANCIAL FRAMEWORK

<p>Financial Framework: SG Earmarked Allocations</p>	<p>Thank you for providing the detail. This is appreciated</p> <p>We note the £1,623,143 underspend.</p>
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2. MINISTERIAL PRIORITIES

<p>PRIORITY</p>	<p>FEEDBACK</p>
<p>1. Preparing Local Systems to Comply with the new Drug & Alcohol Information System (DAISy)</p>	<p>Thank you for sharing the good work undertaken locally for DAISy readiness. This is appreciated by Ministers.</p>
<p>2. Tackling drug and alcohol related deaths (DRD & ARD)/risks in your local ADP area. Which includes - Increasing the reach and coverage of the national naloxone programme for people at risk of opiate overdose, including those on release from prison and continued development of a whole population approach which targets harder to reach groups and focuses on communities where deprivation is greatest.</p>	<p>Thank you for the useful summary, which clearly demonstrates the work being taken forward by your ADP. This is welcomed by Ministers.</p> <p>We note the work towards a Safer Drugs Consumption Facility (SDCF) and activities being taken around both drug and alcohol related deaths.</p> <p>Your report details Naloxone distribution and training which is welcomed as is your actions in delivering a whole population approach for alcohol.</p>

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<p>3. Ensuring a proactive and planned approach to responding to the needs of prisoners affected by problem drug and alcohol use and their associated through care arrangements, including women</p>	<p>Your Annual Report demonstrates evidence of targeted activity taking place, with prisoner through care arrangements clearly thought through. We note the specific's for women.</p>
<p>4. Continued implementation of improvement activity at a local level, based on the individualised recommendations within the Care Inspectorate Report, which examined local implementation of the <i>Quality Principles</i>.</p>	<p>Thank you for sharing your ongoing improvement activities. It is particularly helpful to see your ADPs activities in implementing lived experience into all aspects of planning and delivery. Your local actions are commendable.</p>

3. ADDITIONAL INFORMATION

<p>What is the formal arrangement within your ADP for working with local partners including Integrated Authorities to report on the delivery of local outcomes.</p>	<p>Your governance/accountability routes demonstrate how embedded your ADP is in the local structures and ready to meet the expectations detailed in the Partnership Delivery Framework.</p>
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