Item No: 15

Meeting Date: **Wednesday 30th November 2022**

Glasgow City Integration Joint Board

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

Contact: **Gillian Ferguson, Alcohol and Drug Partnership Coordinator**

Phone: **07770 276127**

Glasgow City Alcohol and Drug Partnership Annual Report 2021/2022

Purpose of Report:	To advise the Integration Joint Board (IJB) of the Glasgow City Alcohol and Drug Partnership (GCADP) Annual Report 2021/22. To give IJB members an understanding of national plans for a Performance Framework for ADPs and update on local progress on a performance framework.

Background/Engagement:	The Glasgow City Alcohol and Drug Partnership is required to complete and submit an annual report based on a Scottish Government template. The form is designed to capture progress during the financial year 2021/2022 against the national Rights, Respect and Recovery strategy including the Drug Deaths Task Force emergency response paper and the Alcohol Framework 2018. The GCADP annual report is completed and reviewed by members of the relevant ADP sub-groups, including individuals with lived experience and families. The ADP performance framework has been developed with all ADP partners, including those with lived experience, with a view to aligning with current and future Scottish Government National Mission Performance reporting requirements.

Governance Route:	The matters contained within this paper have been previously considered by the following group(s) as part of its development. HSCP Senior Management Team ☐ Council Corporate Management Team ☐ Health Board Corporate Management Team ☐ Council Committee ☐ Update requested by IJB ☐ Other ☒ Glasgow City Alcohol and Drug Partnership Not Applicable ☐

Recommendations:	The Integration Joint Board is asked to: a) note the contents of the Glasgow City ADP Annual Report 2021/22; and b) note the development of a GCADP Performance Framework aligned with Scottish Government reporting requirements on the National Mission.

Relevance to Integration Joint Board Strategic Plan:

The detail captured in the ADP Annual Report and performance Framework contributes towards priority 1 of the Glasgow City IJB/HSCP for health and social care- prevention, early intervention and harm reduction (p27, sect 1)

Implications for Health and Social Care Partnership:

Reference to National Health & Wellbeing Outcome(s):	The ADP activity contributed to outcomes 1, 2, 3, 4, 5, 6, 7, 8 and 9.
Personnel:	None
Carers:	None
Provider Organisations:	None
Equalities:	None
Fairer Scotland Compliance:	None
Financial:	None
Legal:	None
Economic Impact:	None

Sustainability:	None

Sustainable Procurement and Article 19:	None

Risk Implications:	None

Implications for Glasgow City Council:	None

Implications for NHS Greater Glasgow & Clyde:	None

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. To advise the Integration Joint Board of the Glasgow City Alcohol and Drug Partnership Annual Report 2021/22.

1.2. To give IJB members an understanding of national plans for a Performance Framework for ADPs and update on local progress on a performance framework for the GCADP

2. Background

2.1 The GCADP is required to complete and submit an annual report based on a Scottish Government template (Appendix 1). The form is designed to capture progress during the financial year 2021/2022 against the national Rights, Respect and Recovery strategy including the Drug Deaths Task Force emergency response paper and the Alcohol Framework 2018**.**

2.2 The GCADP annual report is completed and reviewed by members of the relevant ADP subgroups, including individuals with lived experience and families.

2.3 The GCADP Annual report 2021/22 was approved by the ADP Executive on 19th August 2022. The template includes some financial reporting and details of some key services but does not report on the effectiveness of services, investment and innovations for the city.

2.4 Glasgow ADP recognise that a bespoke performance framework is necessary to facilitate IJB scrutiny of outputs and outcomes of investments in services, to

inform strategic decision making and to allow effective planning and co-ordination of statutory, commissioned and third sector ADP partners. This will support the strategic identification of gaps in service provision and review the effectiveness and impact of services being delivered aligned to local and national strategic plans.

2.5 The ADP performance framework has been developed with all ADP partners, including those with lived experience, with a view to aligning with current Scottish Government National Mission Performance reporting requirements.

3. Scottish Government reporting requirements on the National Mission

3.1 In June 2022, the Minister for Drugs Policy wrote to all Chief Officers requiring quarterly Improvement Plans and Financial Reporting, to allow the Scottish Government Drug Policy team to monitor progress and implementation of the MAT Standards and service delivery against the National Mission priorities.

3.2 This letter also introduced the new Outcomes Framework underpinning the National Mission priorities with 19 outcomes, set out in Appendix 2.

3.3 The ADP team have been advised that the National Mission priorities as set out by the Minister should take precedence over, but remain linked to, the previous national priorities of the Rights, Respect and Recovery strategy (2018). Appendix 3 details these.

4. Proposed performance reporting of the Glasgow City ADP

4.1 There are a number of wide-ranging activities across the city designed to contribute to national and local outcomes, delivered by statutory and third sector ADP partners. The scale of the activity and complexity of the outcomes cannot be fully represented by a standard performance report.

4.2 The ADP Executive has approved the following proposal for ADP performance reporting.

- An ongoing, quarterly mapping of activity illustrating the six priority areas of the National Mission, their outcomes, local indicators and local performance will be developed. This will be a high-level infographic designed to be easily and quickly understood
- The quarterly performance infographic will align with the quarterly MAT Improvement Plan update and biannual Finance Report required by the Scottish Government, giving context to the complex and evolving landscape within which the ADP is working
- Individual project evaluations will be collated and mapped against the Scottish Government National Priorities, ADP priorities and national outcomes and national indicators (Appendix 4). We await further information on national indicators from the Scottish Government.

5. Recommendations

5.1. The Integration Joint Board is asked to:

a) note the contents of the Glasgow City ADP Annual Report 2021/22; and
b) note the development of an GCADP Performance Framework aligned with Scottish Government reporting requirements on the National Mission.

Appendix 1

ALCOHOL AND DRUG PARTNERSHIP ANNUAL REPORTING TO THE SCOTTISH GOVERNMENT 2021/22:

I. Delivery progress
II. Financial framework

This form is designed to capture your **progress during the financial year 2021/22** against the of the Rights, Respect and Recovery strategy including the Drug Deaths Task Force emergency response paper and the Alcohol Framework 2018. This will not reflect the totality of your work but will cover those areas which you do not already report progress against through other processes, such as the MAT Standards.

We recognise that each ADP is on a journey of improvement and it is likely that further progress has been made since 2021/22. 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 ensure all sections are fully completed. **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. 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 drugs policy monitoring 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 Reporting 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 **Friday 5 August 2022** to:
alcoholanddrugsupport@gov.scot

NAME OF ADP: **Glasgow City ADP**

Key contact:
Name: **Gillian Ferguson**
Job title: **ADP Co-ordinator**
Contact email: **Gillian.ferguson@glasgow.gov.uk**

I. DELIVERY PROGRESS REPORT

1. Education and Prevention

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

Please select 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	☒
Apps/webchats	☒
Events/workshops	☐
Two ADP events focussed on services that mitigate the harms caused by alcohol and drugs	
Accessible formats (e.g. in different languages)	☐
Please provide details…	
Other	☐

1.2 Please provide details of any specific education or prevention campaigns or activities carried out during 2021/22 *(E.g. Count 14 / specific communication with people who alcohol / drugs and/or at risk)*.

Campaign theme	International	National	Local

General Health	☐	☐	☒
Overdose Awareness	☐	☐	☒
Seasonal Campaigns	☐	☐	☐
Mental Health	☐	☒	☒
Communities	☐	☐	☐
Criminal Justice	☐	☐	☒
Youth	☐	☒	☒
Anti-social behaviour	☐	☐	☐
Reducing Stigma	☐	☐	☒
Sexual Health	☐	☐	☐
Other	☐	☐	☒

Please specify…

Click or tap here to enter text.

Justice social work continue to lead on both the Drug Court and the Alcohol Court with a strong emphasis on harm reduction with the promotion of naloxone and peer mentoring support. The Youth Court was introduced in Glasgow in 2021 with a focus on early and effective intervention with its use of Structured Deferred Sentence. Again, this problem-solving approach works closely with young people to develop bespoke action plans to address a number of complex needs including emerging and established drug and alcohol use.

1.3 Please provide details on education and prevention measures/ services/ projects provided during the year 2021/22, specifically around drugs and alcohol (select all that apply).

Teaching materials	☒
Youth Worker materials/training	☒
Promotion of naloxone	☒
Peer-led interventions	☒
Stigma reduction	☒
Counselling services	☒
Information services	☐
Wellbeing services	☐
Youth activities (e.g. sports, art)	☒

Other	☐	Funded programmes (through small grants Ripple programme) were in place to deliver on locally identified issues e.g. working to support young people. Work with A&E colleagues was developed to support young people presenting at A&E with alcohol & drugs related issues and referring them into our Youth Health Service for additional supports. Our Multiple Risk 1:1 service was embedded into the Youth Health Service. Commissioned services provided training (alcohol, drugs, multiple risk) to staff across internal and partner organisations; and delivered a programme of ABIs within wider settings.

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

Formal setting such as schools	☐	
Youth Groups	☒	
Community Learning and Development	☒	
Via Community/third Sector partners or services	☒	
Online or by telephone	☐	
Other	☒	Please provide details…A&E, Youth Health

1.5 Was the ADP represented at the alcohol Licensing Forum?

Yes	☒
No	☐

1.6 What proportion of license applications does Public Health review and advise the Board on?

All	☐
Most	☐
Some	☒
None	☐

1.7 If you would like to add any additional details in response to the questions in this section on Education and Prevention, please provide them below (max 600 words).
Ripple Effect Community Activity funding provided a number of different approaches supporting prevention including delivery of cookery classes by food hub project to families impacted by alcohol harm as well as numerous youth focused activities.

The ADP has a number of partners on the Local Licensing Forum who are also members on ADP sub-groups. This has facilitated constructive discussions on cross-cutting issues for the ADP and Forum such as spiking, alcohol free events and spaces in hospitality venues.
The follow up from this has resulted in the production of harm reduction training for hospitality venues, as well as collaborating on evidencing impacts on these topics.
Responses to licensing applications have been limited due to capacity issues in 2021-22. Of the 5 responses submitted 1 remains to be considered and 2 had a positive outcome.

2. Treatment and Recovery

2.1 What treatment or screening options were in place to address alcohol harms? *(select all that apply)*

Fibro scanning	☒	
Alcohol related cognitive screening (e.g. for ARBD)	☒	
Community alcohol detox	☒	
Inpatient alcohol detox	☒	
Alcohol hospital liaison	☒	
Access to alcohol medication (Antabuse, Acamprase etc.)		☒
Arrangements for the delivery of alcohol brief interventions in all priority settings		☒
Arrangements of the delivery of ABIs in non-priority settings	☒	
Psychosocial counselling	☒	
Other	☒	Harm reduction approach used to address alcohol harms including Pabrinex prescribing to those still drinking

2.2 Please indicate which of the following approaches services used to involve lived experience / family members *(select all that apply).*

For people with lived experience:

Feedback / complaints process	☒
Questionnaires / surveys	☒
Focus groups / panels	☒

Lived experience group / forum	☒	
Board Representation within services	☐	
Board Representation at ADP	☒	
Other	☒	Lived experience are included in the commissioning and contract monitoring of our purchased services

For family members:

Feedback/ complaints process	☒	
Questionnaires/ surveys	☒	
Focus groups / panels	☒	
Lived experience group/ forum	☒	
Board Representation within services	☐	
Board Representation at ADP	☒	
Other	☐	Please provide details…

2.3 How do you respond to feedback received from people with lived experience, including that of family members? (max 300 words)

Issues raised regarding individual care plans are resolved with service staff in the first instance and by the complaints procedure if this is not possible. All Service users are encouraged to use the Alcohol and Drug Advocacy. Feedback on wider issues comes via our LLE Reference groups and feeds directly to the GADRS Senior management Team and ADP Strategic meetings.

2.4 Please can you set out the areas of delivery where you had effective arrangements in place to involve people with lived experience?

Planning, I.E. prioritisation and funding decisions		☒
Implementation, I.E. commissioning process, service design	☒	
Scrutiny, I.E. Monitoring and Evaluation of services	☒	
Other	☐	Please provide details…

Please give details of any challenges (max 300 words)

New Senior officer post in the ADP support team has lived experience as essential criteria

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

a) Yes ☒
No ☐

b) If yes, please select all that apply:

Peer support / mentoring ☒
Community / Recovery cafes ☒
Naloxone distribution ☒
Psychosocial counselling ☒
Job Skills support ☒
Other ☐ Please provide details…

2.6 Which of these settings offered the following to the public during 2021/22? *(select all that apply)*

Setting:	*Supply Naloxone*	*Hep C Testing*	*IEP Provision*	*Wound care*
Drug services Council	☒	☐	☒	☐
Drug Services NHS	☒	☒	☒	☒
Drug services 3rd Sector	☒	☒	☒	☒
Homelessness services	☒	☐	☒	☐
Peer-led initiatives	☒	☐	☒	☐
Community pharmacies	☒	☒	☒	☒
GPs	☒	☒	☐	☐
A&E Departments	☐	☒	☐	☐
Women's support services	☒	☐	☐	☐
Family support services	☐	☐	☐	☐
Mental health services	☐	☒	☐	☐
Justice services	☒	☐	☐	☐
Mobile / outreach services	☒	☒	☒	☐

Other … *(please detail)*	☒	☐	☐	☐

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.

2.7 What protocols are in place to support people with co-occurring drug use and mental health difficulties to receive mental health care? (max 300 words)

Click or tap here to enter text.

Is mental health support routinely available for people who use drugs or alcohol but do not have a dual diagnosis (e.g. mood disorders)?

Yes ☒

No ☐

Please provide details (max 300 words) Protocols exist with mental health support available within GADRS treatment and care teams and pathways from GADRS into mental health services when necessary, with a plan to review and improve the interface in development with HIS .

2.8 Please describe your local arrangements with mental health services to enable support for people with co-occurring drug use and mental health (max 300 words)

Click or tap here to enter text.

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

Yes ☒

No ☐

2.10 Please provide a short description of the recovery communities in your area during the year 2021/22 and how they have been supported (max 300 words)

Glasgow city has 3 commissioned Recovery Communities (RCs), 1 in each sector of the city. These run a number of recovery cafes, specific support groups (eg women only groups) and family initiatives across their area. The RCs are commissioned to allow them to become more secure, sustainable and to apply for funding in their own right- which has resulted in their Corra awards to support Recovery Outreach Teams. There are also independent Recovery Cafes established by grass roots community groups that further support individuals into recovery.

2.11 What proportion of services have adopted a trauma-informed approach during 2021/22?

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.

2.12 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 audits (work being supported by AFS) ☐
Drug death review group ☒
Drug trend monitoring group / Early Warning System ☒
Other ☒ Drug Harms Group and ADP Intelligence Hub development

2.13 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)

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 case note 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

2.14 Please provide a summary of arrangements which are in place to carry out reviews on drug related deaths, how lessons learned are built into practice, and if there is any oversight of these reviews from Chief Officers for Public Protection. (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 Dug 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.

2.15 If you would like to add any additional details in response to the questions in this section on Treatment and Recovery, please provide them below (max 300 words).

Click or tap here to enter text.

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

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

a) Yes ☒
No ☐

b) If yes, please select all that apply below:

Setting:	*0-5*	*6-12*	*12-16*	*16+*
Community pharmacies	☐	☐	☐	☐
Diversionary Activities	☐	☒	☒	☒
Third Sector services	☐	☒	☒	☒
Family support services	☐	☒	☒	☒
Mental health services	☐	☒	☒	☒
ORT	☐	☐	☒	☒
Recovery Communities	☐	☐	☐	☐
Justice services	☐	☐	☐	☒
Mobile / outreach	☐	☐	☐	☐
Other Please provide details…	☐	☐	☐	☐

3.2 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?

a) Yes ☒
No ☐

b) If yes, please select all that apply below:

Setting:	*0-5*	*6-12*	*12-16*	*16+*
Support/discussion groups	☒	☒	☒	☒
Diversionary Activities	☒	☒	☒	☒
School outreach	☒	☒	☐	☐
Carer support	☐	☐	☐	☐
Family support services	☒	☒	☒	☒
Mental health services	☒	☒	☒	☒
Information services	☒	☒	☒	☒
Mobile / outreach	☐	☐	☐	☐

Other	☐	☐	☐	☐
Please provide details…				

3.3 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 Assistant Chief Officer for Children's services sits on the ADP and links to all children's services structures, including the CPC. The Children, Young People and Families subgroup of the ADP has a broad membership from across children's services and CPC ensuring alignment of planning and priorities.

3.4 How did services for children and young people, with alcohol and/or drugs problems, change in the 2021/22 financial year?

Improved ☒

Stayed the same ☐

Scaled back ☐

No longer in place ☐

3.5 How did services for children and young people, affected by alcohol and/or drug problems of a parent / carer or other adult, change in the 2021/22 financial year?

Improved ☒

Stayed the same ☐

Scaled back ☐

No longer in place ☐

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

a) Yes ☒
No ☐

b) If yes, please select all that apply below:

Signposting ☒
One to One support ☒
Support groups ☒
Counselling ☒
Commissioned services ☒
Naloxone Training ☒
Other ☐ Family Addiction Support Service (FASS) is the purchased support service for families affected by a loved one's alcohol/drug use

3.7 How did services for adult family members change in the 2021/22 financial year?

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

3.8 The Whole Family Approach/Family Inclusive Framework sets out our expectations for ADPs in relation to family support. Have you carried out a recent audit of your existing family provision?

a) If yes, please answer the following:

Last year SG provided an additional £3.5m to support the implementation of the framework. Please provide a breakdown and a narrative of how this was used in your area. (max 300 words)

This funding is being used to extend and develop the existing provision of Young Persons ORT service. Family support and a recognition of the changing drug trends in young people are informing this planning.

Please detail any additional information on your progress in implementing the framework in 2020/21 (max 300 words)

Glasgow city have established a support to birth parents project named Martha's mammies. The Children First, Recovering Families project is being extended to all three localities.

b) If no, when do you plan to do this?

Click or tap here to enter text.

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

Services:	*Family member in treatment*	*Family member not in treatment*
Advice	☒	☒
Mutual aid	☒	☒
Mentoring	☒	☒
Social Activities	☒	☒
Personal Development	☒	☒
Advocacy	☒	☒
Support for victims of gender based violence	☒	☒
Other	☐	☐

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

4. A Public Health Approach to Justice

4.1 If you have a prison in your area, were satisfactory arrangements in place, and executed properly, to ensure ALL prisoners who are identified as at risk were provided with naloxone on liberation?

Yes ☒

No ☐

No prison in ADP area ☐

Please provide details on how effective the arrangements were in making this happen (max 300 words)

Nyxoid is provided to all prisoners the day before liberation by the Health Improvement Harm Reduction team and trained peers

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

Information sharing	☒
Providing advice/ guidance	☒
Coordinating activities	☒
Joint funding of activities	☒
Access is available to non-fatal overdose pathways upon release	☒
Other	☐ Please provide details

4.3 Has the ADP contributed toward community justice strategic plans (e.g. diversion from justice) in the following ways? *(select all that apply)*

Information sharing ☒

Providing advice/ guidance ☒

Coordinating activities ☒

Joint funding of activities ☒

Other ☐ Please provide details

4.4 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.

a) Upon arrest (please select all that apply)

Please provide details on what was in place and how well this was executed…….

Diversion From Prosecution	☒
Exercise and fitness activities	☒
Peer workers	☒
Community workers	☒
Other	☐ Please provide details…

b) Upon release from prison (please select all that apply)

Please provide details on what was in place and how well this was executed…….

Diversion From Prosecution	☒
Exercise and fitness activities	☒
Peer workers	☒
Community workers	☒
Naloxone	☒
Other	☐ Please provide details…

Glasgow has a developed and embedded Diversion from Prosecution scheme and is in the process of rolling out a pilot to co-locate a social work member of staff at our local Police Marking Hub. We have commissioned a 3rd sector provider to deliver a lived experienced mentor service for those subject to criminal justice orders. We have enhanced our bail and supervised bail services to ensure service users out with treatment are supported to access appropriate support and an action plan is put in place to ensure wider needs are met. The Glasgow Youth Court has developed since its introduction in June 2021, to include a number of partners who offer young people a wide range of activities including a partnership with Venture Trust.

Glasgow has developed a prison throughcare pilot which uses SPS data to identify those due to be released from custody to ensure they have DWP, housing and addiction support in place. Referrals are made to established justice service such as Tomorrows Women Glasgow and the Positive Outcomes Project.

4.5 If you would like to add any additional details in response to the questions in this section on Public Health Approach to Justice, please provide them below (max 300 words).
GCADP have funded a prison Harm Reduction Team delivering harm reduction advice and support to people in prison. This team links closely with the Prison recovery worker funded by GCADP, delivered by WAWY, providing recovery support in prison and a link to RCs on liberation.

II. FINANCIAL FRAMEWORK 2021/22 (Should be completed by Chief Financial Officer)

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	£10,309,065
2021/22 Programme for Government Funding and National Mission Funding	£ 6,659,891
Additional funding from Integration Authority	£30,706,296
Funding from Local Authority	
Funding from NHS Board	
Total funding from other sources not detailed above	
Carry forwards	£ 1,856,748
Other	
Total	£49,532,000

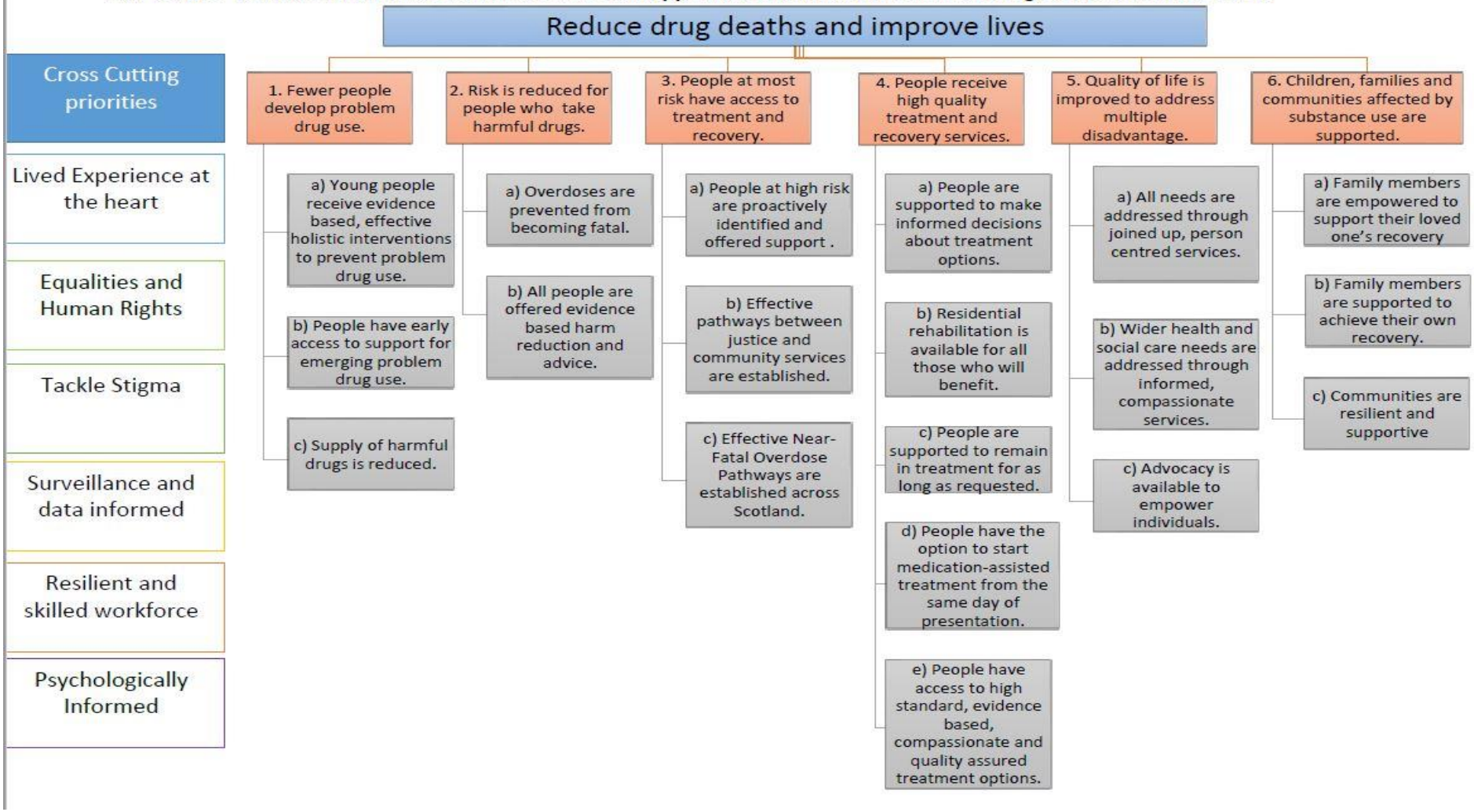
B) Total Expenditure from all sources

	£
Prevention including educational inputs, licensing objectives, Alcohol Brief Interventions)	£ 970,900
Community based treatment and recovery services for adults	£21,557,301
Inpatient detox services	£ 2,376,100
Residential rehabilitation (including placements, pathways and referrals)	£ 5,339,995
Recovery community initiatives	£ 2,216,979
Advocacy services	£ 109,300
Services for families affected by alcohol and drug use (whole family Approach Framework)	£ 206,336
Drug and alcohol treatment and support services specifically for children and young people	£ 133,000
Drug and Alcohol treatment and support in Primary Care	£ 7,711,900
Outreach	£ 2,056,400
Other	
Total	
	£42,678,211

Additional finance comments
Full year 21.22 underspend £6.853m which includes £4.287m of SG funding earmarked to IJB reserves for national priorities which will not be completed until future years, and further underspend mainly due to staff turnover with nursing workforce in Community & Specialist services.

Appendix 2

APPENDIX 1: National Mission Outcomes frameworkppendix 1: National Mission on Drugs Outcomes framework



Appendix 3

National Strategic Priorities

NATIONAL MISSION OUTCOMES FRAMEWORK 2022	
1	**Fewer people develop problem drug use**
2	Risk is reduced for people who take harmful drugs
3	**People most at risk have access to treatment and recovery**
4	People receive high quality treatment and recovery services
5	**Quality of life is improved to address multiple disadvantage**
6	Children, Families and Communities affected by substance use are supported
NATIONAL MISSION PRIORITIES 2021	
1	**Providing fast and appropriate access to treatment and support through all services**
2	Improving frontline drugs services (including the third sector)
3	**Ensuring services are in place and working together to react immediately for people who need support and maintain that support for as long as is needed**
4	Increasing capacity in and use of residential rehabilitation
5	**Implementing a more joined-up approach across policy and practice to address underlying issues.**
RIGHTS RESPECT RECOVERY 2018	
1	A recovery orientated approach which reduces harms and prevents alcohol and drugs deaths
2	**A whole family approach on alcohol and drugs**
3	A public health approach to justice for alcohol and drugs
4	**Education, prevention and early intervention on alcohol and drugs**
5	A reduction in the attractiveness, affordability and availability of alcohol

Appendix 4

National Mission Priorities – Glasgow ADP Outcomes Framework

National Mission Priority	National Outcomes	Glasgow ADP Activities and Investment	Indicators (Additional to Public Health Scotland KPIs)	National Indicators (expected late 2022)
1. Fewer people develop problem drug use	1 a) Young people receive evidence based, effective holistic interventions to prevent problem drug use	Youth Health Service Includem Service GADRS Young Peoples teams GADRS Young person's service	Numbers of referrals Numbers of Interventions Courses delivered	
	1 b) People have early access to support for emerging problem drug use	Advocacy Service Recovery Communities	Numbers of referrals Numbers of Interventions	
	1 c) Supply of harmful drugs is reduced	Police Scotland Activity National Crime Agency /. Borders Drug Trend Monitoring RADAR Drug Checking Service development	Cases, seizures and activity ID of dangerous substances & public messaging	

National Mission Priority	National Outcomes	Glasgow ADP Activities and Investment	Indicators (Additional to Public Health Scotland KPIs)	National Indicators (expected late 2022)
2. Risk is reduced for people who take harmful drugs	2 a) Overdoses are prevented from becoming fatal	Naloxone Activity Crisis Outreach Service WAND Pilot roll out EDTS	Number of Naloxone / Nyxoid Kits distributed Number of individuals trained in overdose prevention and Naloxone / Nyxoid delivery Locations of overdose prevention in community Delivery of Harm Reduction guidance and advice – Families and across Community	
	2 b) All people are offered evidence based harm reduction and advice	WAND initiative / expansion GADRS Recovery Outreach teams Simon Community Outreach – city centre Complex Needs Services	IEP distribution and number of unique clients using service Volume of individuals given advice Availability of HR advice across community / city centre Online resources activity / clicks	

National Mission Priority	National Outcomes	Glasgow ADP Activities and Investment	Indicators (Additional to Public Health Scotland KPIs)	National Indicators (expected late 2022)
3. People at most risk have access to treatment and recovery	3 a) People at high risk are proactively identified and offered support	Crisis Outreach Service WAND Interactions Acute Addiction Liaison team EDTS – activity Complex Needs Team PCANOS	 PCANOS evaluation	
	3 b) Effective pathways between justice and community services are established	Positive Outcomes Project Tomorrows Women / 218 Drug Court activity Alcohol Court Prison Harm Reduction team Prison Recovery worker-WAWY SISCO		

National Mission Priority	National Outcomes	Glasgow ADP Activities and Investment	Indicators (Additional to Public Health Scotland KPIs)	National Indicators (expected late 2022)
	3 c) Effective near overdose pathways are established across Scotland	Crisis Outreach Service SAS links into COS, ED, ARDS Police referrals		
4. People receive high quality treatment and recovery services	4 a) People are supported to make informed decisions about treatment options	GADRS- MAT Implementation Complex Needs Team FASS Advocacy Recovery Communities Recovery Hubs	MIST RAG Status	
	4 b) Residential Rehabilitation is available for all those who will benefit	ADRS review of pathways Increased bed capacity- Phoenix, Rainbow House GADCS Stabilisation Service Prehab / posthab support team		

National Mission Priority	National Outcomes	Glasgow ADP Activities and Investment	Indicators (Additional to Public Health Scotland KPIs)	National Indicators (expected late 2022)
	4 c) People are supported to remain in treatment for as long as requested	ADRS Review Crisis Outreach Service Acute Addiction liaison Complex needs team	MIST RAG Status	
	4 d) People have the option to start medication assisted treatment from the same day of presentation	MAT Standards implementation across all GC prescribing services	MIST RAG Status	
	4 e) People have access to high standard, evidence based, compassionate and quality assured treatment options	GADRS review Recovery Communities x 3 Recovery Outreach teams Recovery hubs Tomorrows Women Martha's mammies		

National Mission Priority	National Outcomes	Glasgow ADP Activities and Investment	Indicators (Additional to Public Health Scotland KPIs)	National Indicators (expected late 2022)
5. Quality of life is improved to address multiple disadvantage	5 a) All needs are addressed through joined up, person centred services	Crisis outreach GADRS Housing First HIS Mental Health Pathways Community Justice see Scot Gov doc Complex Needs team POP		
	5 b) Wider health and social care needs are addressed through informed and compassionate services	Recovery Communities ADRS / ADRS review Lived Experience Recruitment Housing First Complex Needs Team Tomorrows Women Martha's mammies	Unplanned discharges / re-engagement	

National Mission Priority	National Outcomes	Glasgow ADP Activities and Investment	Indicators (Additional to Public Health Scotland KPIs)	National Indicators (expected late 2022)
	5 c) Advocacy is available to empower individuals	Advocacy Service Recovery Communities FASS Martha's mammies		
6. Children, Families and Communities affected by substance use are supported	6 a) Family members are empowered to support their loved one's recovery	FASS Learning Hubs Children's 1st Recovering Families ADRS Review Advocacy Service Whole Family Approach		
	6 b) Family members are supported to achieve their own recovery	FASS Learning hubs Children's 1st Recovering Families ADRS Review Advocacy Service		

National Mission Priority	National Outcomes	Glasgow ADP Activities and Investment	Indicators (Additional to Public Health Scotland KPIs)	National Indicators (expected late 2022)
	6 c) Communities are resilient and supportive	Recovery Communities Recovery outreach teams FASS		