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Item No: 21
Meeting Date: Wednesday 1st December 2021

**Glasgow City
Integration Joint Board**

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

Contact: Gillian Ferguson, ADP Coordinator

Phone: 07770 276127

Glasgow City Alcohol and Drug Partnership Annual Report 2020/2021

Purpose of Report:	<p>To advise the Integration Joint Board (IJB) of the Alcohol and Drug Partnership (ADP) Annual Report 2020/21. To give IJB members an understanding of national plans for a Delivery Framework for ADPs.</p> <p>To update on progress on a local performance framework linked to the development of the ADP Intelligence Hub and our goal of aligning this with the national work.</p>
Background/Engagement:	<p>The ADP 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 2020/2021 against the Rights, Respect and Recovery strategy including the Drug Deaths Task Force emergency response paper and the Alcohol Framework 2018.</p>
Recommendations:	<p>The Integration Joint Board is asked to:</p> <ul style="list-style-type: none">a) note the contents of the Glasgow City ADP Annual Report 2020/21;b) note the progress on the development of a national performance framework by Scottish Government and COSLA; andc) note the progress on the development of an ADP Performance Framework aligned with national plans.

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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
- Focusing 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 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 are 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 socioeconomic 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 current funding for the ADP Intelligence Hub is from Glasgow ADP's 2-year Drug Death Task Force allocation, 2021/22 is the final year. The ADP has agreed to identify further funding opportunities to allow this work to develop long term.

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Sustainable Procurement and Article 19:	None.
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Risk Implications:	The reported activity is focussed on reducing the harms caused by alcohol and drugs, mitigating the 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.
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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 Alcohol and Drug Partnership (ADP) Annual Report 2020/21.
- 1.2. To give IJB members an understanding of national plans for a Delivery Framework for ADPs.
- 1.3. To update on progress on a local performance framework linked to the development of the ADP Intelligence Hub and our goal of aligning this with national work.

2. Background

- 2.1. The Scottish Government Annual Report template is designed to capture progress during the financial year 2020/2021 against the [Rights, respect and recovery strategy](#) including the [Drug Deaths Task Force emergency response paper](#) and the [Alcohol Framework 2018](#).
- 2.2. The ADP Annual Report 2020/21 was approved by the ADP Strategic Group on 11th November 2021. (Appendix 1).

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- 2.3. The Scottish Government is currently engaged with ADPs and COSLA regarding new planning and reporting arrangements. The Scottish Government and COSLA co-produced the [Partnership Delivery Framework](#) for ADPs in 2019 and have recently agreed 8 recommendations to increase the speed of implementation of this framework (Appendix 2). We await information on the planned short life working group tasked with progressing these recommendations.
- 2.4. The ADP is keen to ensure that our local plans to develop a performance framework are aligned with national plans. In [September 2020](#) the IJB approved the investment of Drug Death Task Force funds into the development of a public health surveillance tool for Glasgow City, the ADP Intelligence Hub.

3. National Performance Framework

- 3.1 The Scottish Government and COSLA co-produced the Partnership Delivery Framework for Alcohol and Drug Partnerships which was published in 2019. In August 2021, COSLA and the Scottish Government published 8 recommendations to assist in the speedy implementation of this framework.

In summary, ADPs are asked to:

- Replace Annual Report with Self-Assessment
- Forward plan in December and submit proposed actions and outcomes
- Have in place a Service Level Agreement (SLA) specifying inputs and outputs from members
- Work in partnership with peer ADPs.

Partner organisations are asked to:

- Specify in an SLA that direct, indirect and in-kind resources supporting ADP delivery plan are in place, available and deployed at pace (All ADP partners)
- Produce an annual standardised needs assessment (NHS Public Health / PHS)
- Articulate Public Protection arrangements to reduce substance use mortality (All ADP partners)
- Chief Officers Groups to take responsibility for the reduction of substance use mortality (All ADP partners)
- Chief Finance Officer HSPC – produce an annual finance report and ensure funding is carried forward to support ADP delivery plan (HSCP)

- 3.2 A national short life working group is planned to take this work forward.

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4. Glasgow City ADP Performance - The ADP Intelligence Hub

- 4.1. Glasgow City ADP secured two-year Drug Death Taskforce (DDTF) funding in September 2020 to create a test of change Public Health Surveillance Tool named the 'Intelligence Hub'. This is a multi-agency project to develop analytical products utilising previously unshared data sets of ADP members.
- 4.2. The intention is to build on the successful approach which has been developed by Glasgow City Council to support the city's COVID response. Linking to the ADP strategy and work of the DDTF, this work aims to develop a more informed partnership view of the impact of alcohol and drugs at local levels, pulling together and analysing data from different organisations in order to advance strategic and operational decision making in this area.
- 4.3. This project seeks to marry Police Scotland crime and incident data, NHSGGC Health data and Glasgow City Council data sets to support informed ADP strategic and executive decision making, providing partners with greater insight to complex issues across our communities. Data from other partners including Prisons, Scottish Ambulance Service, Recovery Services are also being considered alongside existing 'open source' information, such as locations of addiction services in the community.
- 4.4. With the development of the dashboard well underway, we are now focused on the development of a local monitoring framework, informed by the linked data sets and made visible by the dashboard. Our goal is to ensure that this local framework aligns with the national developments and provides a comprehensive tool for performance monitoring for the ADP.

5. Recommendations

- 5.1. The Integration Joint Board is asked to:
 - a) note the contents of the Glasgow City ADP Annual Report 2020/21;
 - b) note the progress on the development of a national performance framework by Scottish Government and COSLA; and
 - c) note the progress on the development of an ADP Performance Framework aligned with national plans.

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Appendix 1 ADP Annual Report

ALCOHOL AND DRUG PARTNERSHIP ANNUAL REVIEW 2020/21 (*Glasgow City ADP*)

- I. Delivery progress
- II. Financial framework

This form is designed to capture your **progress during the financial year 2020/2021** against the [Rights, Respect and Recovery strategy](#) including the Drug Deaths Task Force [emergency response paper](#) and the [Alcohol Framework 2018](#). We recognise that each ADP is on a journey of improvement and it is likely that further progress has been made since 2020/21. Please note that we have opted for a tick box approach for this annual review but want to emphasise that the options provided are for ease of completion and it is not expected that every ADP will have all options in place. We have also included open text questions where you can share details of progress in more detail. 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. The data will also be shared with Public Health Scotland (PHS) evaluation team to inform monitoring and evaluation of drugs policy.

We do not intend to publish the completed forms on our website but encourage ADPs to publish their own submissions as a part of their annual reports, in line with good governance and transparency. All data will be shared with PHS to 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 Review you are confirming that this partnership response has been signed off by your ADP, the ADP Chair and Integrated Authority Chief Officer.

The Scottish Government copy should be sent by **Wednesday 14th October 2021** to: drugsmiissiondeliveryteam@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. Representation

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

Community Justice Partnership	<input checked="" type="checkbox"/>
Children's Partnership	<input checked="" type="checkbox"/>
Integration Authority	<input checked="" type="checkbox"/>

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

Chair (*Name, Job title, Organisation*): Jacqueline Kerr, Assistant Chief Officer & Interim Chief Social Work Officer, Glasgow HSCP

Representation

The public sector:

Police Scotland	<input checked="" type="checkbox"/>
Public Health Scotland	<input type="checkbox"/>
Alcohol and drug services	<input checked="" type="checkbox"/>
NHS Board strategic planning	<input checked="" type="checkbox"/>
Integration Authority	<input checked="" type="checkbox"/>
Scottish Prison Service (where there is a prison within the geographical area)	<input checked="" type="checkbox"/>
Children's services	<input checked="" type="checkbox"/>
Children and families social work	<input checked="" type="checkbox"/>
Housing	<input checked="" type="checkbox"/>
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 checked="" type="checkbox"/> NHSGGC Professional Nurse Advisor, NHSGGC Injection Equipment Advisor, NHSGGC Chief Officer Primary Care, Glasgow HSCP Head of Finance, Glasgow City Council Corporate Comms senior officer, NHSGGC Head of Sexual Health Services, NHSGGC Head of Health Improvement & Inequality, Asst Chief Officer public protection and complex needs

The third sector:

Commissioned alcohol and drug services	<input checked="" type="checkbox"/>
Third sector representative organisation	<input type="checkbox"/>
Other third sector organisations	<input checked="" type="checkbox"/> Families Affected by Substance Use (FASS), VSDAA (Voluntary Sector Drug & Alcohol Agencies rep)



People with lived / living experience	<input checked="" type="checkbox"/>
Other community representatives	<input type="checkbox"/> Please provide details.....
Other	<input type="checkbox"/> Please provide details.....

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

Membership	<input 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 2020/21?

ADP Executive Group met 10 times (including extraordinary meetings), ADP strategic Group met 12 times (including extraordinary meetings)

1.5 Please give details of the staff employed within the ADP Support Team

Job Title	Whole Time Equivalent
1. ADP Co-ordinator	1.0
2. ADP Senior Officer	1.0
3. ADP Senior Officer	1.0

Total WTE 3.0

2. Education and Prevention

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

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

Leaflets/ take home information	<input checked="" type="checkbox"/>
Posters	<input checked="" type="checkbox"/>
Website/ social media	<input checked="" type="checkbox"/>
Please provide links	
Accessible formats (e.g. in different languages)	<input type="checkbox"/>
Please provide details.....	
Other	<input type="checkbox"/>
Please provide details.....	

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



At the onset of the COVID-19 pandemic, Scottish Government requested that Public Health Scotland explore what wider substance use related messages could be disseminated to the general population. In order to provide a consistent 'headline' information and a framework for message promotion, social media toolkits were developed to provide a suite of pre-agreed social media posts and supporting graphics across a range of social media channels. The toolkits were further complemented by optional graphics from WHO. The NHS Inform web content for alcohol can be found here. The NHS Inform web content for drugs can be found here. All ADPs and a wide range of partner agencies and other key contacts including communications colleagues were provided with the toolkits and webpages to allow for local promotion across a variety of social media groups on a range of platforms. The NHSGG&C Alcohol & Drugs Health Improvement Team were instrumental in co-ordinating local dissemination of the toolkits across GGC and supporting colleagues and partners to make best use of the content. The GGC Drug Trend Monitoring Group continues to coordinate 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 20/21 specifically around drugs and alcohol (max 300 words).

A digital development session was held to prepare the Glasgow City HSCP Prevention & Education action plan for the next 2 to 3 years considering the national perspective from Public Health Scotland's Strategic Plan, the current P&E plan & local work. During 20/21:

- The Alcohol and Drug Prevention Framework <https://www.nhsggc.org.uk/about-us/professional-support-sites/health-improvement-alcohol-and-drugs/ggc-alcohol-and-drug-prevention-framework/> utilised to inform and inspire existing and future planning and delivery of alcohol and drug prevention work.
- 'A Home for Rory' - targeted resource for kinship carers and foster carers
- Substance Misuse toolkit is reviewed and updated annually- www.nhsggc.org.uk/substancemisusetoolkit .A full review of the site is planned for 2021/2022.
- CRAFFT training for youth workers, to engage young people in structured brief intervention conversations about their alcohol/drug use The full Phase 1 evaluation report with recommendations for Phase 2, which will be implemented during 2021/22, can be read here: <http://hdl.handle.net/11289/580261>
- Community Alcohol Campaigns: Interactive planning tool <http://www.ripple-effect.org.uk/can-master-september-2018-2/>
- In recognition of the impact of COVID-19, the criteria for the 20/21 Ripple Effect Community Activity funding was adapted to focus on the wider impacts and harms on health and well-being as well as on alcohol and drug related harms. <http://www.ripple-effect.org.uk/communityactivityfund/>
- Implementation & delivery of the Drug Death Task Force Stigma Strategy Strategy/Action Plan: <https://drugdeathstaskforce.scot/media/1111/stigma-strategy-for-ddtf-final-290720.p>
- 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 on health needs- employability and mental health awareness
- Constructive Connections: Families Impacted by the Justice System
- Peer harm reduction within prisons
- Alcohol and drugs training & workforce development contract provided by SDF
- ABIs direct delivery & ABI training contract provided by Glasgow Council on Alcohol (GCA)
- Multiple risk education programme contract for children and young people in school and community settings- delivered by GCA. 2020/21 is the last year of this contract.
- Expansion of the Youth Health Service
- ADP membership of the Police Scotland, G Division Drug Strategy Group



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

Formal setting such as schools

Youth Groups

Community Learning and Development

Other – Prisons

2.5 Please detail how much was spend on Education / Prevention activities in the different settings above
The core ADP Prevention & Education funding of £352.7k was spent across a number of key areas. The largest proportion of the budget covers staffing costs (70%) with the remainder being supporting programme delivery e.g. Youth Health Service, Ripple Effect Community Activity grant fund & targeted programmes e.g. prisons, community justice.

LIF funding of £92k was allocated to further develop P&E capacity and delivery. 66% of budget was utilised on 1.5wte staff. Due to the pandemic 1.0wte member of staff was reallocated to Test & Protect for most of the year and was unavailable to deliver P&E work.

LIF funding of £66k was allocated to further support the Youth Health Service. This was entirely spent on staff costs.

Staff supported the following programme areas across the city:

- In recognition of the key alcohol and drug prevention components of the Youth Health Service, funding was allocated to support the enhanced provision of the service as it continues its roll out across the city.
- Acknowledging the impact of COVID-19 within our communities, an enhanced budget was allocated this year to the Ripple Effect Community Fund. The criteria for the 20/21 Ripple Effect Community Activity funding was adapted to focus on the wider impacts and harms on health and well-being as well as on alcohol and drug related harms.
- The Workforce Alcohol and Drugs training contract provides capacity building for all community staff working directly within Glasgow communities. This contract provides a range of courses but has specific courses on multiple risk & delivering CRAFFT screening for those working in youth settings.

Additionally, £400k of non-ADP funding was used to fund 4 contracts:

- Multiple Risk 1:1 service
- Multiple Risk schools service
- Alcohol and Drug awareness training delivery
- ABI training and delivery

Formal setting such as schools
Youth Groups
Community Learning and Development
Other – please provide details

2.6 Was the ADP represented at the alcohol Licensing Forum?

Yes

No

Please provide details (max 300 words)

The ADP has multiple partners represented on the local Licensing Forum including Head of Health Improvement and Equalities (HSCP), Police Scotland Licensing Inspector, Glasgow City Neighbourhood Liaison Manager. COVID-19 response and impact on licensed premises has been a key point for



discussion with partners working with Forum members on navigating the challenges. An example from this was the development of resources for venues to assist with the key safety messages for both COVID and on safe drinking.

2.7 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 111 applications received during 2020-21, responses were submitted for 16. Off-sales provision in areas already adversely impacted by alcohol harms was the main reasons for submitting a response accounting for 14 responses. By 31st March 2021, 15 of the 16 applications had been considered by the Licensing Board with 6 (40%) 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 2020/21 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 was in place for those people who have had non-fatal overdose – provided by the Glasgow Overdose Response Team (GORT) a service provided by Turning Point Scotland, commissioned and funded by the Drug Death Task Force. An information sharing agreement has also been developed allowing Police Scotland and the Scottish Ambulance Service to share patient details of NFOD with our soon to be launched GCHSCP Crisis Outreach Service.

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

Investment has been made in outreach posts attached to each locality of the city to assertively engage with service users who are struggling to maintain contact with support and treatment. The ADP 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. Crisis outreach is open and outreach services have been engaging with hostel/ hotel population and referral pathways are in place as appropriate. NHS ADRS services are operating on a blended model with plans in place to return to full operational face to face services subject to public health advice.

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

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

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



Access teams continue to offer same day service to those looking to access treatment and care. Recovery outreach are operating across the city who engage individuals who may have dropped out from care and treatment pathways whilst also engaging in throughcare of individuals undertaking rehab. Our WAND initiative has been able to access the most vulnerable individuals across our community undertaking **W**ound management, **A**ssessment of injecting risk, **N**aloxone provision and **D**ry blood spot testing. This is engaging with individuals and creating pathways for care and treatment, including BBV and acute wound mngmt.

Out of hours support is available through the Drug Crisis Centre.

3.5 What treatment or screening options were in place to address alcohol harms? (mark 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
- Other – Please provide details Harm reduction approach used to address alcohol harms including Pabrinex prescribing to those still drinking. A managed alcohol project (MAP) service is being created in North East Glasgow.

People engage in effective high quality treatment and recovery services

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

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

3.7 Please give details on how services were Quality Assured including any external validation e.g. 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.

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

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

- Yes
- No



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

The Residential Recovery Services provision in Glasgow offers two models of service delivery which are delivered from two separate services/localities. All referrals for residential rehabilitation are 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 arranged 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 are completed on a 4-weekly basis, again this timescale can reduce if required.

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

	Residential		Move-on			Total
	Crossreach Abstinence	TPS Stabilisation	Crossreach Whiteinch	TPS Maryhill	Phoenix Move-On	
Male	45	22	10	9	0	86
Female	26	14	6	8	0	54
Transgender	0	0	0	0	0	0
Total	71	36	16	17	0	140



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

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

For people with lived experience:

- | | | |
|--------------------------------------|-------------------------------------|--|
| Feedback/ complaints process | <input checked="" type="checkbox"/> | |
| Questionnaires/ surveys | <input type="checkbox"/> | |
| Focus groups / panels | <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 details..... |

Please provide additional information (optional)

We have created a lived, living experience and families (L/LE/F) affected reference group. Initially set up to support individuals to take part in the full ADP meetings, this has developed into an essential forum for L/LE/F to interact with senior staff of the ADP. This forum links directly into the ADP strategic group whilst also allowing all voices to be heard across the structure. L/LE/F representation is playing an active part in our Recovery subgroup, Harms/ drug & alcohol harms subgroups, Children's and families subgroup etc

For family members:

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

Please provide additional information (optional)

We have created a lived, living experience and families (L/LE/F) affected reference group. Initially set up to support individuals to take part in the full ADP meetings, this has developed into an essential forum for L/LE/F to interact with senior staff of the ADP. This forum links directly into the ADP strategic group whilst also allowing all voices to be heard across the structure. L/LE/F representation is playing an active part in our Harms/ drug & alcohol harms subgroups, Children's and families subgroup etc

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

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



Please give details of any changes (max 300 words)

Creation of a lived, living experience and families (L/LE/F) affected reference group. This group meets face to face whenever safe, to allow people who are not comfortable or able to engage in digital meetings to contribute to the ADP.

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

Yes

No

Please give details below (max 300 words)

Our ADRS recovery outreach posts have employed individuals with lived and living experience in each of the Glasgow localities – this is planned to increase subject to improvement fund application. We also employ recovery co-ordinators, managers and link workers across the city which specify lived experience. We have commissioned a recovery events co-ordinator who has organised a programme of city wide events which are alcohol and drug free.

People access interventions to reduce drug related harm

3.13 Which of these settings offered the following to the public during 2020/21? (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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Homelessness services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>
Other ... (please detail)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



HIV testing continues to be 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

3.14 To what extent were Recovery Oriented Systems of Care (ROSC) embedded across services within the ADP area? ROSC is centred around 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. This has been impacted by Covid due to public health guidance to avoid face to face interactions however plans are well underway to re-establish these events.

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

Yes
 No

Please provide details (max 300 words)

Our Multi-Disciplinary ADRS teams include Registered Mental Health Nurses (RMNs), Psychiatry and Psychology to ensure that we meet the needs of people who present with co-morbidities of alcohol and/drug use and distress/anxiety/poor mental health. Where people present with significant or severe and enduring mental health issues, there are pathways to community mental health services, supported by an NHS GG&C Mental Health and Addiction Interface protocol. This includes service users managed within the Shared Care teams. GG&C have begun discussions to review the Interface document, to ensure that people with dual diagnosis receive a coordinated approach to their care and treatment.

The newly developed Alcohol and Drug Recovery Service Crisis Outreach Teams also have RMNs as part of their staffing complement, and will be based for periods alongside the Mental Health Assessment Units, to ensure an appropriate response and assessment, as well as follow up, to people who present in crisis with concurrent problems.

Is staff training provided (dual diagnosis)?

Yes



No

Please provide details (max 300 words) As above, Glasgow ADRS services have RMNs, Psychiatry and Psychology as part of their teams both in community and across Tier 4 services. Psychology have led on a training agenda in relation to low intensity psychological interventions for all staff to work with people with alcohol and/or drug use and co-existing mild to moderate mental health problems. The training however was paused during the pandemic and intends to re-start early 2022.

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

Yes

No

Please provide details (max 300 words)

The recovery community achieves its potential

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

Yes

No

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

Yes

No

3.18 Please provide a short description of the recovery communities in your area during the year 2020/21 and how they have been supported (max 300 words)

Currently Glasgow has around 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 continue to 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. With changes to guidelines, a variety of recovery programmes have recommenced, including gender specific groups, psychosocial work, CBT, alcohol and drug free events etc. We have operated a Recovery outreach programme in South Glasgow. This has been invaluable, reaching out to some of the most vulnerable people struggling with drugs and alcohol. Staff are supporting people out with normal office hours when support is needed most, which includes evenings and weekends. During the 20/21 year two part-time outreach staff connected with 90 vulnerable adults in crisis. Funding applications are in place to enable us to reach out and connect with more people each year and provide one-to-one crucial support linking them back into treatment and care services, preventing more deaths across all localities of Glasgow

A trauma-informed approach is developed

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

All services

The majority of services

Some services



No services

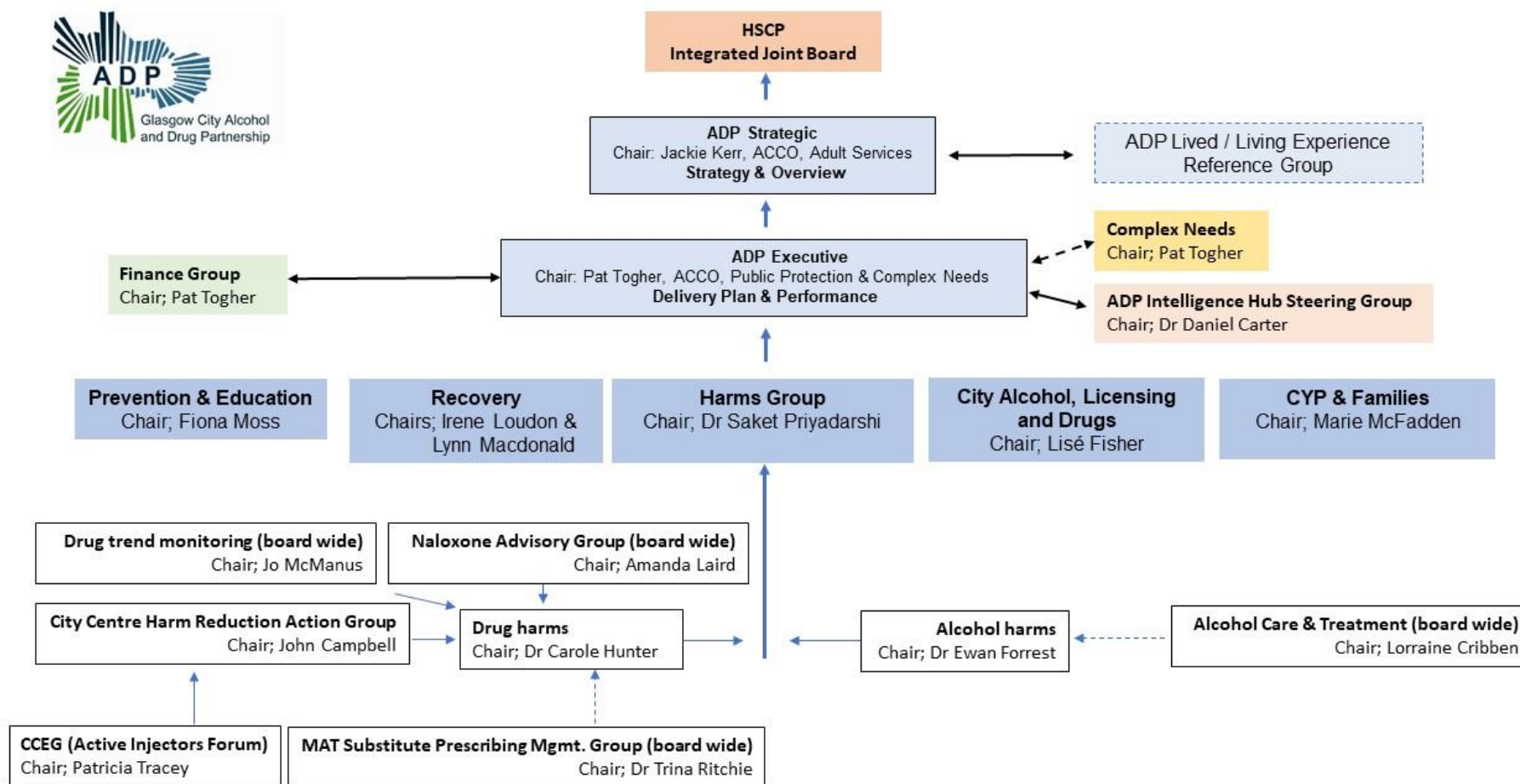
Please provide a summary of progress (max 300 words)

Trauma informed practice is embedded in the GADR's delivery. Training programme has been developed for HSCP staff across the system which links into MAT standard 10.

An intelligence-led approach future-proofs delivery

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

- | | |
|--|--|
| Alcohol harms group | <input checked="" type="checkbox"/> |
| Alcohol death audits (work being supported by AFS) | <input checked="" type="checkbox"/> |
| Drug death review group | <input checked="" type="checkbox"/> |
| Drug trend monitoring group | <input checked="" type="checkbox"/> |
| Other structure | <input checked="" type="checkbox"/> See diagram below for Glasgow City ADP |



OFFICIAL



OFFICIAL



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

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.

3.22 Please provide a summary of arrangements which were in place to carry out reviews on drug related deaths and how lessons learned are built into practice (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. 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. Application to fund the continuation and expansion of this service is being developed. 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 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. Children's services also sit on the Children, Young Person and Families sub group and the Prevention and Education sub group of the ADP.



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

- Improved
Stayed the same
Scaled back
No longer in place

Please provide additional information (max 300 words)

Click or tap here to enter text.

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 2020/21 financial year?

- Improved
Stayed the same
Scaled back
No longer in place

Please provide additional information (max 300 words)

The expansion of the Glasgow Recovery Homework Club model has taken place across 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)

We continue to commission FASS (Family Addiction Support Service) to provide support services for families affected by alcohol/drugs.

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

- Improved
Stayed the same
Scaled back
No longer in place

Please provide additional information (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 will be provided as required, irrespective of whether the family member is/ is not engaged with care and 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)

Whilst harm reduction is ongoing throughout the prison estate in 2020/21, planning is at an advanced stage regarding Naloxone provision, awareness and training for staff, with Prison Health Care leading on this agenda. Detailed discussions and negotiations have taken place and plans are that intranasal (Nyxoid) opioid agonist will be available in prisoner property bags the night prior to liberation at the three prisons in the board area (Barlinnie, Lowmoss and Greenock) in the early part of the next financial year.

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

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

Please provide details (max 300 words)

The focus of community justice in Glasgow is on reducing reoffending, addressing the many issues that contribute to offending behavior and ensuring all Glasgow citizens are safe and able to thrive. Glasgow City has a Community Justice Glasgow team resourced collectively by partners, many of whom sit on the ADP. This team has responsibility for liaising across 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. Community Justice Glasgow 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 Community Justice Glasgow team sit on various ADP sub groups. The Head of Service for Justice Social Work sits on both the ADP Strategic and Executive groups, enabling the joint planning of new developments and coordination of activities and resources.

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 is directly involved with service users at the point of arrest and engages with them in police custody. Tomorrow's Women Glasgow works in partnership with Govan's Woman's Custody unit to take referrals directly from police custody to ensure women needing support can be linked into services immediately. The Supervised Bail team at Glasgow Sheriff Court works with those being released from police custody on bail to offer immediate support and intervention. This includes a bail bed provision for women at risk of remand at the 218 Project.

b) Upon release from prison

Prison Health Care links directly with Alcohol Drug and Recovery Services to ensure those with addiction issues have a structured plan wherever possible upon release. Community Justice Glasgow have been working with partners across services including SPS, DWP, ADRS, Prison Health, Justice Social Work, 3rd sector, homeless services, The Wise Group and wider HSCP and Glasgow City Council partners to use SPS data to identify and support those being released from prison in a coordinated and planned manner. This project has seen the better coordination of housing provision and service users leaving custody with direct support into services.



6. Equalities

Please give details of any specific services or interventions which were undertaken during 2020/21 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 (GADRS) 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 are tailored according to need and that all appropriate supports are put in place to help facilitate individual's recovery journey.

6.2 People with physical disabilities

Glasgow Alcohol and Drug Recovery services (GADRS) 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 are tailored according to need and that all appropriate supports are put in place to help facilitate individual's recovery journey.

6.3 People with sensory impairments

Glasgow Alcohol and Drug Recovery services (GADRS) 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 are tailored according to need and that all appropriate supports are put in place to help facilitate individual's recovery journey.

6.4 People with learning difficulties / cognitive impairments.

Glasgow Alcohol and Drug Recovery services (GADRS) 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 are tailored according to need and that all appropriate supports are put in place to help facilitate individual's recovery journey.

6.5 LGBTQ+ communities

Glasgow Alcohol and Drug Recovery services (GADRS) 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 are tailored according to need and that all appropriate supports are put in place to help facilitate individual's recovery journey. 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. We are in the late stages of creating a bridging service to better engage LGBTQ+ individuals into ADRS care and treatment services.



6.6 Minority ethnic communities

The South Glasgow ADP has previously hosted a BME subgroup to improve understanding and awareness of religious and cultural barriers to engagement across the diverse local community. This has been impacted by Covid. We have supported some BME charities to win funding through the grassroots fund to develop bespoke BME services including addiction outreach and family support in South Glasgow.

6.7 Religious communities

We have developed and delivered drug and alcohol awareness sessions to religious and community leaders in alcohol and drug issues, particularly tailored to the South East Asian population.

We have met with faith based organisations to discuss their involvement and engagement in integrated services across the city ensuring no duplication of effort and sharing of information with partners.

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 has developed 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 continues to encourage woman only groups within its recovery communities, following the recommendations of an independent evaluation carried on the city's recovery communities. We have hosted a joint learning event between the ADP and the Violence against women partnership to build joint awareness and understanding of the many barriers to engaging with and sustaining care and treatment services.



II. FINANCIAL FRAMEWORK 2020/21

Your report should identify all sources of income (excluding Programme for Government funding) that the ADP has received, alongside the funding that you have spent to deliver the priorities set out in your local plan. It would be helpful to distinguish appropriately between your own core income and contributions from other ADP Partners. It is helpful to see the expenditure on alcohol and drug prevention, treatment & recovery support services as well as dealing with the consequences of problem alcohol and drug use in your locality. You should also highlight any 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
2020/21 Programme for Government Funding	1,914,396
Additional funding from Integration Authority	33,206,900
Funding from Local Authority	
Funding from NHS Board	
Total funding from other sources not detailed above	2,045,848
Carry forwards	131,950
Other	
Total	47,608,159

B) Total Expenditure from sources

	£
Prevention including educational inputs, licensing objectives, Alcohol Brief Interventions)	1,270,078
Community based treatment and recovery services for adults	24,152,523
Inpatient detox services	2,095,556
Residential rehabilitation services	4,109,617
Recovery community initiatives	2,705,804
Advocacy Services	50,000
Services for families affected by alcohol and drug use	185,313
Alcohol and drug services specifically for children and young people	34,162
Community treatment and support services specifically for people in the justice system	
Other	9,388,947
Total	43,992,000



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

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

Yes

No

Please provide details (max 300 words)

Click or tap here to enter text.

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)

Click or tap here to enter text.



Appendix 2 Scottish Government and COSLA Recommendations for ADPs- August 2021

The Scottish Government and COSLA coproduced the Partnership Delivery Framework for Alcohol and Drug Partnerships which was published in 2019. Given the increased focus on drug deaths we need to look at options for increasing the speed of implementation of this framework.

The Scottish Government are keen to emphasise the importance of local Alcohol and Drug Partnerships and reinforce our commitment to good local strategic planning, engagement and leadership whilst increasing the pace of delivery.

The following 8 recommendations have been agreed between COSLA and the Scottish Government. **A short life working group will be formed to take these forward.**

ACTION 1: Implement the Partnership Delivery Framework which underpins ADP governance

MEASURABLE PERFORMANCE: Recommendation 1 – We will implement a Quality Assurance process to support ADP performance against the Partnership Delivery Framework, Rights, Respect and Recovery and local delivery of Mission priorities. The assessment process will be a combination of local self-assessment, ADP peer-to-peer assessment and external validation. An external agency will be commissioned to validate the assessment process. The assessment process will be in line with other national assessment processes, for instance as utilised by the Care Inspectorate and Health Improvement Scotland. We will replace the current ADP Annual Report format with a self-assessment framework. We will facilitate new alliances and synergies between clusters of ADPs facing similar challenges to support the sharing of good practice and innovation. We will seek assurance and ensure that there is specific Improvement Methodology Training available to ADPs locally and nationally and we will support progress towards Whole System Approaches to drug and alcohol issues.

STANDARDISE AND IMPROVE PLANNING: Recommendation 2 – We will increase the focus on forward planning and The Scottish Government will, in partnership, develop engage and supply an Annual Delivery Plan format and require local ADPs to submit an Annual Delivery Plan in December each year; the Scottish Government will establish a group that will provide the Mission Implementation Group assurance that local Annual Delivery Plans are in line with national priorities; evidenced based; meet local needs based on gaps identified in the self-assessment. Development of Recommendations 1 and 2 will take cognisance of and seek to support local reporting requirements to Integration Boards and Community Planning Partnerships.

STANDARDISE GOVERNANCE: Recommendation 3 – We will require ADP to have a Service Level Agreement (SLA) specifying local membership and partner contributions committed to delivering the Partnership Delivery Framework and Mission priorities. The SLA will detail investment of direct resource, local financial investments and “in kind” resources and detail cross-system prioritisation and



responsibilities within, for example, Health and Social Care Partnerships; Children's Services Boards, Community Justice Partnerships and Community Planning Partnerships to be deployed to implement the Annual Delivery Plan; outcomes to be achieved by providers; request senior accountable officers to submit to the Scottish Government via their ADP an audit of direct, indirect and in kind resources directed to the local delivery of the Mission; The SLA will specify the relationship between the ADP and the IJB and will specify how decisions and directions from the IJB to services outwith IJB scope e.g. children's services, police, housing will be issued; SLA will specify how governance arrangements are supported to ensure resources are deployed, at pace, to support the Mission

ACTION 2: Strengthen existing approaches to ADP governance including annual reports and approaches to planning

STRENGTHEN RESPONSIBILITY: Recommendation 4 – we will specify the relationship between ADPs and senior accountable officers, and specifically, the relationship between ADPs and Public Protection arrangements in local areas ensuring that there is clear responsibility for reducing substance use mortality and harm that sits with local Chief Officers Groups. We will specify that the HSCP Chief Finance Officer (CFO) is required to sit on the ADP and provide assurance regarding funding and require service underspends to be reinvested / carried forward into ADP strategy. We will require the CFO to provide routine financial reporting to ADPs meetings and provide the Scottish Government with an annual financial report as part of the Self-Assessment Process in Recommendation 1. The above will be included in an Annexe to the Partnership Delivery Framework

STANDARDISE OUTCOMES: Recommendation 5 - Develop a menu of evidenced based standardised outcome measures to support and underpin the evaluation of Rights, Respect & Recovery and the National Mission; in addition to establishing standardise national outcomes we will support local areas to develop local outcome measures in a standardise format and share cross system learning. Outcomes will support local and national performance reporting requirements.

ACTION 3: Establish and test formal arrangements to enable ADPs to effectively quality assurance and improve services

ESTABLISH ACCOUNTABILITY FOR TARGETS: Recommendation 6 - with publication of Medication Assisted Treatment standards; forthcoming UK clinical guidelines for alcohol treatment; consideration being given to the establishment of a Mission Target/s, we will ensure that the appropriate Chief Officer/s responsible for the relevant system, work with ADPs and are accountable for the delivery of any targets / expectations for delivery. This will bring a whole system approach and ensure targets are appropriately reflected in higher level strategic planning, priorities and roles

STANDARDISE AND IMPROVE NEEDS ASSESSMENT: Recommendation 7 - we will ensure Public Health Scotland and local NHS Public Health Departments work together to supply ADPs with a standardised annual needs assessment in November each year to inform their Annual Delivery Plan and National Priorities. The format of the needs assessment will be standardised so national comparison is achievable;



local NHS Public Health Departments will work with local Community Planning partners to also further identify unmet needs.

ACTION 4: Strengthen the relationship between ADPs and the Scottish Government

REAFFIRM COMMITMENT TO LOCAL ADPS: Recommendation 8 – seek to strengthen the relationship at national and local levels across public sector, including the Scottish Government, and demonstrate commitment to local strategic planning, local co-production and service delivery.

Promote a whole system approach at a national level to alcohol and drug issues and the key role of ADPs. Seek to ensure that frontline workers (public and 3rd sector services equally; doctors, nurses, social workers, care workers, volunteers; psychologists etc) and all staff committed to improving the harms of drug and alcohol issues are equally valued and their contribution is recognised. Support efforts to ensure to ensure that the alcohol and drug sector is a modern, inclusive, dynamic and exciting place to work. Seek to highlight the importance of the National Mission and the need to deliver improvements at pace nationally and locally. We will engage with local areas and seek assurance that adequate resources are in place to support Alcohol and Drug Partnerships and local delivery of national priorities.

In summary

ADPs are asked to:

- Replace Annual Report with Self-Assessment
- Forward plan in Dec and submit proposed actions and outcomes
- Have in place an SLA specifying inputs and outputs from members
- Work in partnership with peer ADPs

Partner organisations are asked to:

- Specify in an SLA direct, indirect and in kind resources supporting ADP delivery plan are in place, available and deployed at pace (All ADP partners)
- Produce an annual standardised needs assessment (NHS Public Health / PHS)
- Articulate Public Protection arrangements to reduce substance use mortality (All ADP partners)
- Chief Officers Groups to take responsibility for the reduction of substance use mortality (All ADP partners)
- Chief Finance Officer HSPC – produce an annual finance report and ensure funding is carried forward to support ADP delivery plan (HSCP)

Scottish Government / COSLA are asked to:

- Develop in partnership a Self-Assessment tool for ADPs
- Commission an external agency to undertake validation of the ADP self-assessment process
- Develop in partnership a Delivery Plan tool for ADPs
- Develop in partnership a Service Level Agreement format for ADPs
- Develop standardised outcomes format



- Establish a Mission Scrutiny Group
- Facilitate peer networks of ADPs to support Self-Assessment
- Provide elements required for ADPs to develop an annual plan in Dec each year

DRAFT