Adult Services
Performance Update - Quarter 2 2023/24

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1. Key Performance Indicator Summary

KPI	Target	Actual		RAG Status	Direction in Last 12 Months
Psychological Therapies): % People who start a PT treatment within 18 weeks of referral	90%	NE 49% South 93% NW 96.7%		R G G	
Adult/OP Delays	20	28		G	
Number of LARC IUD appointments offered across all Sandyford locations	1354	1471		G	
Number of LARC Implant appointments offered across all Sandyford locations	1166	2090		G	
Indicator 5 Waiting times for access to first TOPAR	5 working days	6 working days		R	

2. Performance Achievements & Areas for Improvement

Achievements

- Delays: Significant reduction in Adult MH delays over the last 12 months.

Areas for Improvement

- NE Psychological Therapies: Continuing to improve performance and currently at 70.9% since reporting period

MAT STANDARDS

- Evidence based standards to enable the consistent delivery of safe, accessible, high-quality drug treatment across Scotland

- Optimising the use of Medication Assisted Treatment (MAT) will ensure that people have immediate access to the treatment they need with a range of options and the right to make informed choices

- Individuals should expect to receive good quality, person centred care, immediately (if required) with supports into other services and opportunities for challenge and growth

- **MAT STANDARDS 1-5 IMPLEMENTATION BY APRIL 23**
- **MAT STANDARDS 6-10 IMPLEMENTATION BY APRIL 25**

MAT STANDARDS

- **Standard 1** Same Day Access - All people accessing services have the option to start MAT from the same day of presentation
- **Standard 2** Choice - All people are supported to make an informed choice on what medication to use for MAT and the appropriate dose
- **Standard 3** Assertive Outreach and Anticipatory Care - All people at high risk of drug-related harm are proactively identified and offered support to commence or continue MAT
- **Standard 4** Harm Reduction - All people are offered evidence-based harm reduction at the point of MAT delivery
- **Standard 5** Retention - All people will receive support to remain in treatment for as long as requested

MAT STANDARDS

- **Standard 6** Psychological Support - The system that provides MAT is psychologically informed (tier 1); routinely delivers evidence-based low intensity psychosocial interventions (tier 2); and supports individuals to grow social networks
- **Standard 7** Primary Care - All people have the option of MAT shared with Primary Care
- **Standard 8** Independent Advocacy and Social Support - All people have access to independent advocacy and support for housing, welfare and income needs
- **Standard 9** Mental Health - All people with co-occurring drug use and mental health difficulties can receive mental health care at the point of MAT delivery
- **Standard 10** Trauma Informed Care - All people receive trauma informed care

Workforce and Development (MAT 6,10)

COMPLETE	OUTSTANDING
Training Needs Analysis	Career pathways for all staff
Web-based Induction & Training Toolkit	Transforming workforce implementation
Job description for Band 4 Nurse Practitioner & pathway to nursing registration for HCSWs	Development of new roles e.g. Band 4 practitioner, Workforce Training Co-Ordinator
Transforming roles	Delivery of newly developed Sexual Health / BBV Training
Psychological therapies – STILT, Safety & Stabilisation, Coaching; Trauma informed training plan	Delivery of newly developed Physical Health effects of Alcohol
Reflective Practice Policy	Access to EMDR Training for psychology team
Nursing Core Competency Framework	
STORM	
Training delivery for Benzodiazepines/Stimulants	

Resource and Capacity
Access teams (MAT 1, 2,3,4;)

COMPLETE	OUTSTANDING/ONGOING
Access and New Patient SOPs	Recruitment – nursing staff & PIP
Recruitment to all social care, some nursing, PIPs	Harm reduction - Sexual health advice & support
MDT Staffing model implemented April 23	Training – link with workforce & development group
Caseload recommendations - **25**	Recovery to be visible at start of treatment – peer workers, recovery communities and recovery hubs
Outreach model, Trauma informed approach to rapid access to treatment & care	Service user feedback
Range of harm reduction interventions	Develop welcome pack
Full range of assessments responsive to need (alcohol & drug, mental health, physical health, parental assessment, GBV, occupational health)	Harm reduction toolkit for community interventions
Training – development of bespoke Motivational Interview training	
Citywide Access implementation/oversight group	

Resource and Capacity
Core teams (MAT 4,5)

COMPLETE	OUTSTANDING/ONGOING
STARS model	Medical & Prescribing workforce
STARS Implementation and review structure	Full workforce plan, including recommended skillmix – to be finalised by Sept 23 – linked to Shared Care Review and Test of Change
Role specific assessments and interventions	HIS supported MH pathways to inform skillmix
Sub-team roles and responsibilities	ADRS Justice remit
Care management service proposal	
Caseload recommendations – **30-38**	
Px management SOP	
Training plan	

Shared Care/Primary Care (MAT 7)

COMPLETE	OUTSTANDING/ONGOING
Review group inclusive of practioners and GPs	Funding for implementation of MAT 7
Lived experience reference group consultation	Facilitation team implementation
Test of change – Long Acting Buprenorphine via Community Pharmacy	Shared Care contract variation
ADRS Primary Care Facilitation Team proposals	Implementation of new model
Recommended Shared Care model – blended approach to clinic model with third sector support	Establish regular Shared Care Events
	Support Primary Care to meet MAT Standards

TEST OF CHANGE – LONG ACTING BUPRENORPHINE COMMUNITY PHARMACY CLINIC

- Significant increase in Buvidal as treatment choice
  - Impact on Nursing Resource & Clinical Space requirements
- South ADRS & South Community Pharmacy site
- Up to 60 ADRS patients to be identified for administration of Buvidal within Community Pharmacy
- Community Pharmacy Buvidal Clinic operational one day a week
- SLA includes SOPs, roles & responsibilities, payment
- Staff training will be provided by ADRS Pharmacy, Buvidal Lead Nurse and Camurus
- Total cost £14,900 – 6 month ToC
- Start date 29th August 2023

Police Custody and Prison Healthcare

COMPLETE	OUTSTANDING/ONGOING
Implementation of Long Acting Buprenorphine in Prison Healthcare	Working with MIST to map current progress and implementation status against each of the 10 MAT Standards
SOP for Police Custody to support stock of methadone and buprenorphine	Police Custody SOP progressing via governance groups
	Review the current reporting templates available for Police Custody Health Care and Prison Health Care
	Trauma informed training plan for Prison Health Care staff
	PHC review implementation will include an Addiction Specialist Mental Health Officer post to support MAT Standards implementation

ADP Performance

Figure 2 National Drugs Mission outcomes framework

Cross-Cutting Priorities	Reduce Deaths and Improve Lives					
	01 Fewer people develop problem drug use	**02** Risk is reduced for people who take harmful drugs	**03** People at most risk have access to treatment and recovery	**04** People receive high quality treatment and recovery services	**05** Quality of life is improved by addressing multiple disadvantages	**06** Children, families and communities affected by substance use are supported
Lived Experience at the Heart	**a)** Young people receive evidence based, effective holistic interventions to prevent problem drug use	**a)** Overdoses are prevented from becoming fatal	**a)** People at high risk are proactively identified and offered support	**a)** People are supported to make informed decisions about treatment options	**a)** All needs are addressed through joined up, person centred services	**a)** Family members are empowered to support their loved one's recovery
Equalities and Human Rights	**b)** People have early access to support for emerging problem drug use	**b)** All people are offered evidence based harm reduction and advice	**b)** Effective pathways between justice and community services are established	**b)** Residential rehabilitation is available for all those who will benefit	**b)** Wider health and social care needs are addressed through informed, compassionate services	**b)** Family members are supported to achieve their own recovery
Tackle Stigma	**c)** Supply of harmful drugs is reduced		**c)** Effective Near-Fatal Overdose Pathways are established across Scotland	**c)** People are supported to remain in treatment for as long as requested	**c)** Advocacy is available to empower individuals	**c)** Communities are resilient and supportive
Surveillance and Data Informed				**d)** People have the option to start medication-assisted treatment from the same day of presentation		
Resilient and Skilled Workforce				**e)** People have access to high standard, evidence based, compassionate and quality assured treatment		
Psychologically Informed						

SIX PRIORITIES
NINETEEN OUTCOMES

ADP Performance

1. Fewer people develop problem drug use

Outcome - People have early access to support for emerging problem drug use

Positive Outcomes Project (POP)

The Positive Outcomes Project (POP) operates within police custody settings, where community peer mentors engage with individuals who may be seeking to reduce their drug or alcohol use in an effort to break the cycle of offending.

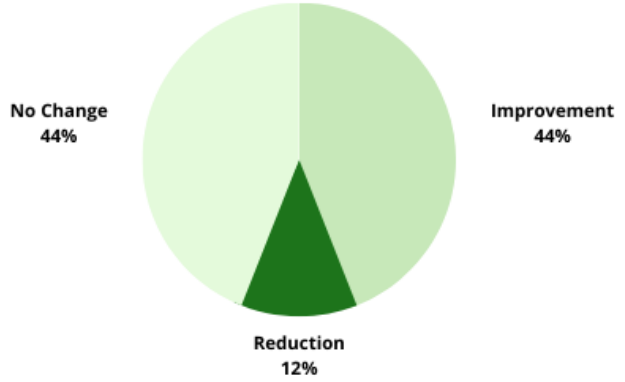
Once engaged into the POP programme, mentors engage with clients following release from custody for an average of 29 weeks per client, including support to refer into services.

38% of service users showed a decrease in the number of admissions into police custody (over 12 months).

23% reduction in pending criminal cases for POP service users over two years.

12% % of service users stating reduction in drugs and alcohol

Changes in substance use behaviours as result of POP programme



ADP Performance

2. Risk is reduced for people who take harmful drugs

Outcome - overdoses are prevented from becoming fatal

The Assessment of Injecting Risk (AIR) Tool

The Assessment of Injecting Risk (AIR) Tool is a key component of the WAND Initiative in Glasgow. (Wound management , Assessment of Injecting Risk, Naloxone distribution, Dry Blood Spot Testing).

In the 12 months to February 2023, **660** unique individuals have completed 1185 AIR's

1 visit	2 visits	3 visits	4+ visits
366	152	102	40

BBV Testing

Testing for Blood Borne Virus (BBV) is a vital public health tool to support individuals and early identification of health risks.

21% of WAND clients (n=132) tested positive for Hepatitis C Virus (HCV) over a 12 month period.

Needle Reuse

% of AIRs reporting needle reuse

Gathering data from the WAND cohort enables us to learn about the behaviours of a vulnerable population and identify what steps are required to support them.

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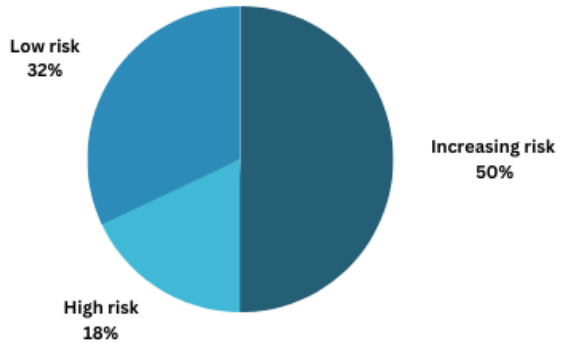
3. People at most risk have access to treatment and recovery

Outcome - people at high risk are proactively identified and offered support

Alcohol Brief Interventions are short, evidence-based, structured conversations, focused on alcohol consumption at a hazardous or harmful level with patients/clients carried out in a non-confrontational way. The aim is to motivate and support the individual to think about and perhaps plan a change in their drinking behaviour to reduce their consumption and risk to health.

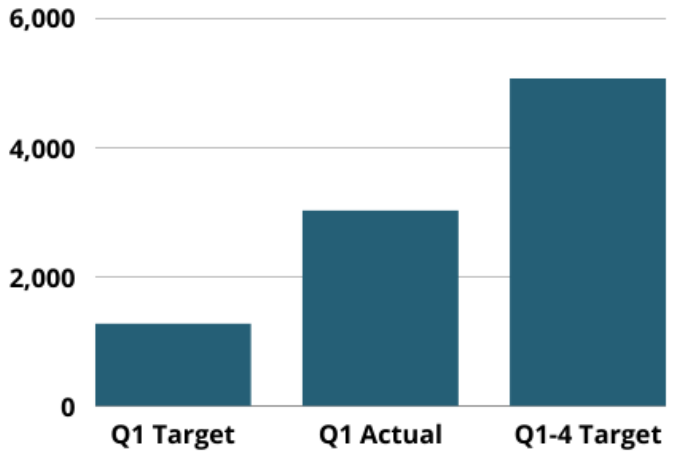
Glasgow Council on Alcohol (GCA) has been commissioned to support the coordination, rollout and delivery of Alcohol Brief Interventions (ABIs) in the wider community and primary care settings.ABI's also occur in police custody settings

ABI assessment tool



68% of the 1468 individuals screened using the tool were within the 'increasing risk' of 'higher risk' group .

ABI Targets



ADP Performance

4. People receive high quality treatment and recovery services

Outcome - People have access to high standard, evidence based, compassionate and quality assured treatment options

SDF Staff Training

Glasgow ADP commissions staff training from the Scottish Drug Forum (SDF) supporting an informed and engaged workforce, able to keep up to date with current alcohol and drug trends, identification of drug effects and understanding trauma across society.

Courses delivered in the 12 months to March 2023

Course	Number of courses	Participants
Alcohol Awareness	30	322
Drug Awareness	30	332
Drug Specific & Poly Substance Use	12	145
Multiple Risk	10	96
Stigma/Trauma	6	60
Drugs & Mental Health	4	45
CRAFFT	3	20

1300

individuals from a wide range of services have participated in SDF training courses. Sectors include:

- Housing
- Support Services
- Health
- Criminal Justice
- Social Work

ADP Performance

5. Quality of life is improved to address multiple disadvantages

Outcome - Joined up person-centred services

50 attendees at Celebrating Women in Music

420 attendees at Comedy Nights

70 attendees at Citywide Christmas Dinner

700 attendees at Freed Up Dance

FREED UP is a commissioned project which promotes alcohol and drug free events for individuals in recovery or simply seeking a night out or event in an alcohol and drug free space. This project started in Glasgow but is now promoting events across Scotland. Events by FREED UP help to break down stigma and change attitudes towards sober socialising.

Events that have been organised by FREED UP include; Comedy nights, Raves, Karaoke, Dance Groups, Dance Battles, Pride events, DJ workshops, International Women's Day events.

1500

people attended events in 2022

ADP Performance

6. Children, families and communities affected by substance use are supported

Outcome - Family members are supported to achieve their own recovery

Families Reference Group

Glasgow City's newly established Families Reference Group are hosting their first ROSC (Recovery Oriented System of Care) event. The group, which included representation from family members, family support groups and kinship care groups are hosting their first ROSC to build relationships with GADRS services and staff and will be joined by Elena Whitham, MSP.

Families Reference Group ROSC Event
29th November 2023

For more information, contact:
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