Item No: 16

Meeting Date: **Wednesday 28th June 2023**

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 2022/2023

Purpose of Report:	To advise the Integration Joint Board (IJB) of the Glasgow City Alcohol and Drug Partnership (GCADP) Annual Report 2022/23, to note the activity towards the national mission priorities and the GCADP strategy 2020-2023 milestones.

Background/Engagement:	The GCADP 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 2022/2023 against the Scottish Government's National Mission priorities. The GCADP annual report is completed by the relevant ADP subgroups, whose membership includes people with lived experience and families.

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 2022/23; b) note the ongoing quarterly performance infographics highlighting GCADP partners' activity against the National Mission priorities; and c) note the GCADP Strategy 2020-2023 milestones.

Relevance to Integration Joint Board Strategic Plan:

The detail captured in the ADP Annual Report 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:	Family support and carers groups are consulted on the ADP planned activity through membership of our sub group structure and the ADP Families Reference Group.

Provider Organisations:	The involvement of provider organisations in delivering ADP activity is essential. The voluntary sector remain key members of the ADP.

Equalities:	Equality impact assessments have been undertaken for activity as required.

Fairer Scotland Compliance:	ADP activity contributes 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, reducing presentations at A&E and GP surgeries, reducing crime and encouraging people into recovery and employment.

Sustainability:	The ADP continues to prioritise investment in activity that will sustain and grow recovery in Glasgow City.

Sustainable Procurement and Article 19:	None

Risk Implications:	The reported activity is focused on reducing the harms caused by alcohol and drugs, mitigating the risk for individuals and communities.

Implications for Glasgow City Council:	None

Implications for NHS Greater Glasgow & Clyde:	None

Direction Required to Council, Health Board or 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 (IJB) of the Glasgow City Alcohol and Drug Partnership (GCADP) Annual Report 2022/23, to note the activity towards the national mission priorities and the GCADP strategy 2020-2023 milestones.

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 2022/2023 against the National Mission Outcomes Framework.

2.2 The GCADP annual report is completed by the relevant ADP subgroups, whose membership includes individuals with lived experience and families.

2.3 The GCADP Annual report 2022/23 was approved by the ADP Strategic Group on 20th June 2023. The deadline for submission to the Scottish Government has been extended to 28th June 2023.

3. ADP Performance and Milestones

3.1 The ADP Annual Report is an operational document which does not capture outcomes or performance. Quarterly performance reporting via high level

infographics aligned with the six National Mission priorities are described in the November 2022 report and a summary of these can be seen in **Figure1** attached. These high-level infographics give context to the scale of activity and complexity of the changing landscape of drug and alcohol services in the city and endeavour to promote the work of all ADP partners including within the HSCP, third sector and beyond.

3.2 As the ADP comes to the end of the term of the current strategy, 2020 - 2023, we have captured many, but not all, of the milestones in **Figure 2** attached.

4. Recommendations

4.1. The Integration Joint Board is asked to:

a) note the contents of the Glasgow City ADP Annual Report 2022/223;
b) note the ongoing quarterly performance infographics highlighting GCADP partners' activity against the National Mission priorities; and
c) note the GCADP Strategy 2020-2023 milestones.

Figure 1

Glasgow City HSCP
Health and Social Care Partnership

ADP PERFORMANCE

We Are With You – Pre/Post Rehab Support

Since April 2021:

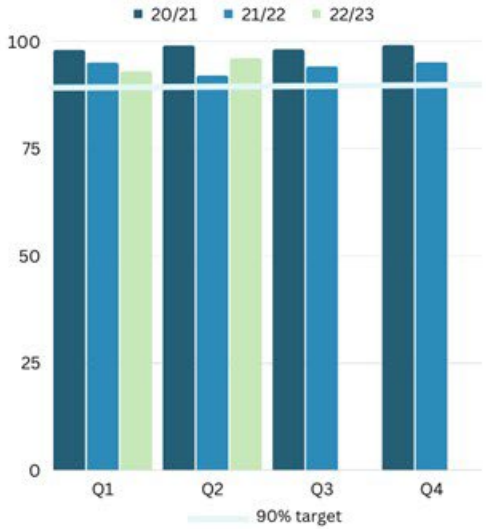
158 people have been supported, 36% of them were women

88% of discharges were planned, positive discharges

70% of people referred successfully complete residential support

Glasgow Alcohol and Drug Crisis service is the only residential crisis service in Scotland.

Glasgow City Treatment Target 20/21 - 22/23



Children 1st – Recovering Families Project

82 children supported

44 parents attending peer support groups

28 children's group activity sessions

17 community events for families & children

Crisis Outreach Service

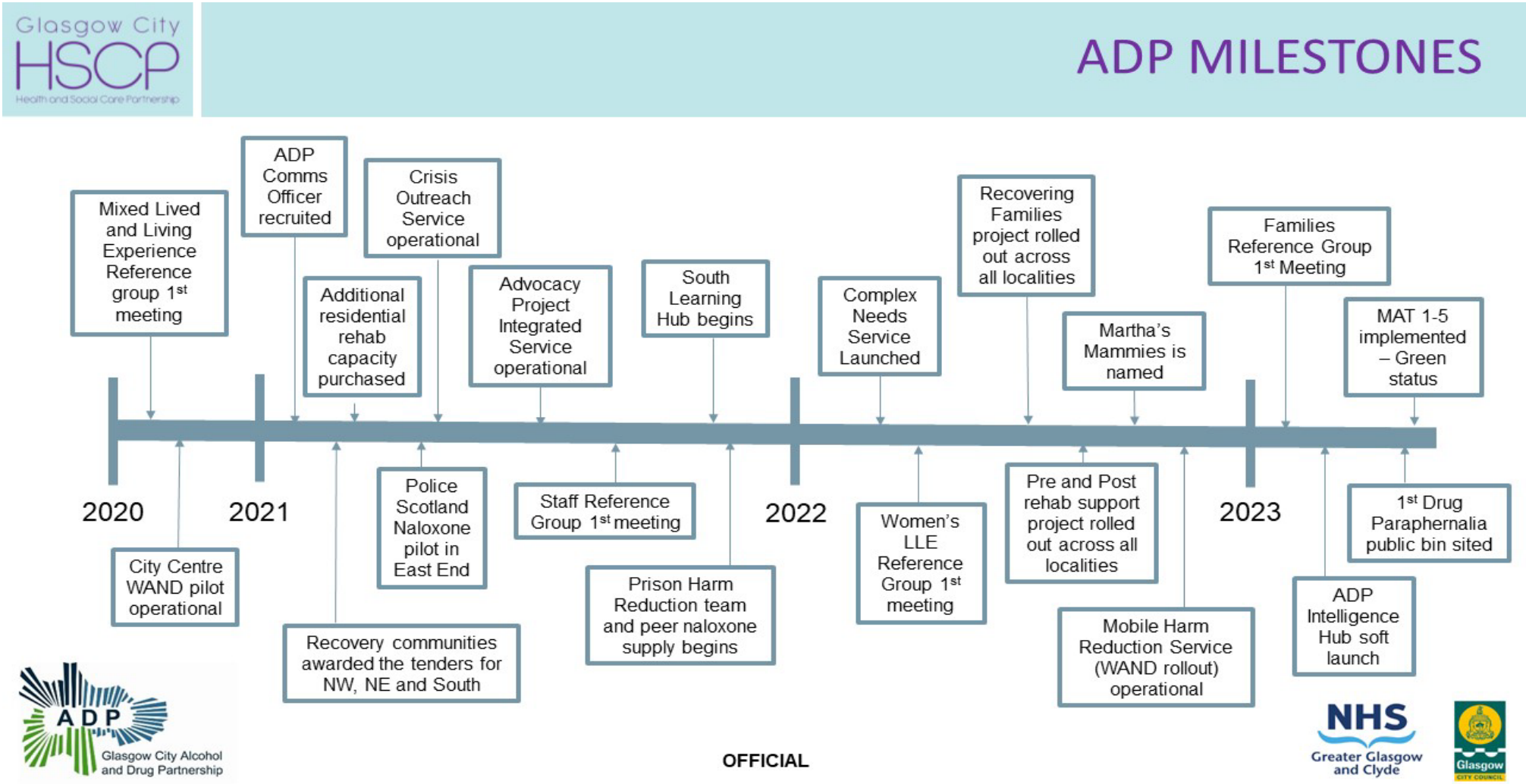
Year 1
(1st April 2021 - 31st March 2022)

- Over **1,600 referrals**
- **1,200** were **unique** individuals
- Average **30%** of individuals referred were previously unknown to GADRS

NHS Greater Glasgow and Clyde

Glasgow City Council

Figure 2



OFFICIAL

Alcohol and Drug Partnership (ADP) Annual Reporting Survey: 2022/23

This survey is designed to collect information from all ADPs across Scotland on a range of aspects relating to the delivery of the National Mission **during the financial year 2022/23**. This will not reflect the totality of your work but will cover those areas where you do not already report progress nationally through other means.

The survey is primarily composed of single option and multiple-choice questions, but we want to emphasise that the options provided are for ease of completion and it is not expected that every ADP will have all of these in place. We have also included open text questions where you can share more detail.

We do not expect you to go out to services in order to respond to questions relating to activities undertaken by them in your area. Where questions refer to service level activities, we are interested in the extent to which you are aware of these at an ADP level.

We are aware of some element of duplication with regards to questions relating to MAT Standards and services for children and young people. To mitigate this, we've reviewed the relevant questions in this survey and determined the ones that absolutely need to be included in order to evidence progress against the national mission in the long-term. While some of the data we are now asking for may appear to have been supplied through other means, this was not in a form that allows for consistently tracking change over time.

The data collected will be used to better understand the challenges and opportunities at the local level and the findings will be used to help inform the following:

- The monitoring of the National Mission;
- The work of a number of national groups including the Whole Family Approach Group, the Public Health Surveillance Group and the Residential Rehabilitation Working Group, amongst others; and
- The priority areas of work for national organisations which support local delivery.

The data will be analysed and findings will be published at an aggregate level as Official Statistics on the Scottish Government website. All data will be shared with Public Health Scotland to inform drug and alcohol policy monitoring and evaluation, and excerpts and/or summary data 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 and so we would encourage you to publish your return.

The deadline for returns is Monday 19th June 2023. Your submission should be signed off by the ADP and the IJB, with confirmation of this required at the end of the questionnaire. We are aware that there is variation in the timings of IJB meetings so please let us know if this will be an issue.

If you require clarification on any areas of the survey or would like any more information, please do not hesitate to get in touch by email at substanceuseanalyticalteam@gov.scot.

Cross-cutting priority: Surveillance and Data Informed

Q1) Which Alcohol and Drug Partnership (ADP) do you represent?
[single option, drop-down menu]

Glasgow City ADP

Q2) Which groups or structures were in place **at an ADP level** to inform surveillance and monitoring of alcohol and drug harms or deaths? (select all that apply)
[multiple choice]

- ☒ Alcohol harms group
- ☒ Alcohol death audits (work being supported by AFS)
- ☒ Drug death review group
- ☒ Drug trend monitoring group/Early Warning System
- ☐ None
- ☒ Other (please specify): ADP Intelligence Hub-public health surveillance tool developing products that answer ADP subgroup questions

Q3a) Do Chief Officers for Public Protection receive feedback from drug death reviews?
[single option]

- ◉ Yes
- ○ No
- ○ Don't know

Q3b) If no, please provide details on why this is not the case.
[open text – maximum 255 characters]

Q4a) As part of the structures in place for the monitoring and surveillance of alcohol and drugs harms or deaths, are there local processes to record lessons learnt and how these are implemented?
[single option]

- ◉ Yes
- ○ No
- ○ Don't know

Q4b) If no, please provide details.
[open text – maximum 255 characters]

Cross-cutting priority: Resilient and Skilled Workforce

Q5a) What is the whole-time equivalent staffing resource routinely dedicated to your ADP Support Team as of 31st March 2023.
[open text, decimal]

Total current staff (whole-time equivalent including fixed-term and temporary staff, and those shared with other business areas)	5.00
Total vacancies (whole-time equivalent)	0

Q5b) What type of roles/support (e.g. analytical support, project management support, etc.) do you think your ADP support team might need locally? Please indicate on what basis this support would be of benefit in terms of whole-time equivalence.
[open text – maximum 255 characters]

National Mission Programme Manager-oversee delivery of both local ADP priorities and workstreams and the National Mission priorities and workstreams 1.0wte
Resource worker-gathering, collating and populating reports required locally and nationally 1.0wte

Q6a) Do you have access to data on **alcohol and drug services** workforce statistics in your ADP area?
[single option]

◉ Yes

○ No (please specify who does):

○ Don't know

6b) If yes, please provide the whole-time equivalent staffing resource **for alcohol and drug services** in your ADP area.
[open text, decimal]

Total current staff (whole-time equivalent)	519.00
Total vacancies (whole-time equivalent)	80.00

Q7) Which, if any, of the following activities are you aware of having been undertaken in your ADP area to improve and support workforce wellbeing (volunteers as well as salaried staff)? (select all that apply)
[multiple choice]

☒ Coaching, supervision or reflective practice groups with a focus on staff wellbeing
☒ Flexible working arrangements
☒ Management of caseload demands
☒ Provision of support and well-being resources to staff
☒ Psychological support and wellbeing services
☒ Staff recognitions schemes

☐ None
☐ Other (please specify):

Cross cutting priorities: Lived and Living Experience

Q8a) Do you have a formal mechanism at an ADP level for gathering feedback from people with lived/living experience using services you fund? (select all that apply)
[multiple choice]

☒ Feedback/complaints process
☒ Questionnaire/survey
☐ No
☒ Other (please specify): Lived and Living Exprience Reference Groups

Q8b) How do you, as an ADP, use feedback received from people with lived/living experience and family members to improve service provision? (select all that apply)
[multiple choice]

	Lived/living experience	Family members
Feedback used to inform service design	☒	☒
Feedback used to inform service improvement	☒	☒
Feedback used in assessment and appraisal processes for staff	☒	☒
Feedback is presented at the ADP board level	☒	☒
Feedback is integrated into strategy	☒	☒
Other (please specify)		

Q9a) How are **people with lived/living experience** involved within the ADP structure?
(select all that apply)
[multiple choice]

	Planning (e.g. prioritisation and funding decisions)	Implementation (e.g. commissioning process, service design)	Scrutiny (e.g. monitoring and evaluation of services)	Other (please specify)
Board representation at ADP	☒	☒	☒	
Focus group	☐	☐	☐	
Lived experience panel/forum	☒	☒	☒	
Questionnaire/ surveys	☐	☒	☐	
Other (please specify)				

Q9b) How are **family members** involved within the ADP structure? (select all that apply)
[matrix, multiple choice]

	Planning (e.g. prioritisation and funding decisions)	Implementation (e.g. commissioning process, service design)	Scrutiny (e.g. monitoring and evaluation of services)	Other stage (please specify)
Board representation at ADP	☒	☒	☒	
Focus group	☐	☐	☐	
Lived experience panel/forum	☒	☒	☒	
Questionnaire/ surveys	☐	☐	☐	
Other (please specify)				

Q9c) If any of the above are in development for either people with lived/living experience and/or family members, please provide details.
[open text – maximum 2000 characters]

Q10) What monitoring mechanisms are in place to ensure that services you fund are encouraged/supported to involve people with lived/living experience and/or family members in the different stages of service delivery (i.e. planning, implementation and scrutiny)?
[open text – maximum 2000 characters]

The LLE Reference Groups comment on all ADP partners planning and activity, including 3rd sector. Reference group feedback is a standing item on the ADP Strategic group agenda and the Glasgow Alcohol and Drug Recovery Service Senior Management Team meeting agenda.

Q11) Which of the following support is available to people with lived/living experience and/or family members to reduce barriers to involvement? (select that apply)
[multiple choice]

☒ Advocacy
☒ Peer support
☒ Provision of technology/materials
☒ Training and development opportunities
☒ Travel expenses/compensation
☒ Wellbeing support
☐ None
☐ Other (please specify):

Q12a) Which of the following volunteering and employment opportunities for people with lived/living experience are offered by services in your area? (select all that apply)
[multiple choice]

☒ Community/recovery cafes
☒ Job skills support
☒ Naloxone distribution
☒ Peer support/mentoring
☒ Psychosocial counselling
☐ None
☐ Other (please specify):

Q12b) What are the main barriers to providing volunteering and employment opportunities to people with lived/living experience within your area?
[open text – maximum 2000 characters]

Feedback from employayability services has been that the biggest barrier to offering volunteering and employment opportunities is the PVG process. They note that they cannot offer opportunities to people with certain previous convictions and that the long waiting times for Disclosoure Scotland to process applications is a barrier.

- In each of the recovery communities, where potential barriers to volunteering have been encountered, solutions have been sought to promote equality of access to opportunities. Some examples include:
- robust local pathways to ensure volunteers have recovery capital to sustain volunteering successfully (or supported to achieve level of "stability" required)
- access to volunteer expenses- issues with processing new applications to SPT so local processes established till bus pass is available which may include linking in with care manager for a bus pass/tokens/ use PIP/DLA mobility component/ recovery communities will reimburse bus fares
- Childcare has been identified as a barrier to parents engaging with volunteering opportunities (particularly preschool children). Solution has been developed to address partnership with Children 1st – current 6-week pilot sensory room in Ibrox new recovery café. Plan for further discussion/views of parents in recovery with the aim of developing a child friendly recovery café drop in for parents in recovery (whole family approach to recovery).

Q13) Which organisations or groups are you working with to develop your approaches and support your work on meaningful inclusion? (select all that apply)
[multiple choice]

☒ MAT Implementation Support Team (MIST)
☒ Scottish Drugs Forum (SDF)
☐ Scottish Families Affected by Drugs and Alcohol (SFAD)
☒ Scottish Recovery Consortium (SRC)
☐ None
☒ Other (please specify): Families Affected by drug and alcohol use

Cross cutting priorities: Stigma Reduction

Q14) Do you consider stigma reduction for people who use substances and/or their families in any of your written strategies or policies (e.g. Service Improvement Plan)?
[single option]

- (●) Yes (please specify which): ADP Strategy 2020-23
- ( ) No
- ( ) Don't know

Q15) Please describe what work is underway to reduce stigma for people who use substance and/or their families in your ADP area.
[open text – maximum 2000 characters]

Local Health Improvement colleagues are currently joint working with the ADP support team to look at meaningful ways to tackle stigma. This work is still in initial planning stages however will seek to address stigma within the general local population as well as from the drug and alcohol sector. Any developments will be made in consultation with the four reference groups established by the ADP. Glasgow is also working closely with the National Collaborative.
Freed Up events (alcohol and drug free social events) run in city centre venues featuring high profile celebraties
Recovery Communities are grass roots groups that offer peer support, social connection and recovery focussed events in local communities. Over 1500 people attend recovery cafes/groups a week across the city.

Stigma is a key cross cutting priority of our ADP strategy and is considered right across the ADP subgroup structure.

Fewer people develop problem substance use

Q16) How is information on local treatment and support services made available to different audiences **at an ADP level** (not at a service level)? (select all that apply) [multiple choice]

	Non-native English speakers (English Second Language)	People with hearing impairments	People with learning disabilities and literacy difficulties	People with visual impairments	Other audience (please specify)
In person (e.g. at events, workshops, etc)	☐	☐	☐	☐	
Leaflets/posters	☐	☒	☒	☐	
Online (e.g. websites, social media, apps, etc.)	☐	☐	☒	☒	
Other (please specify)					

Q17) Which of the following education or prevention activities were funded or supported by the ADP? (select all that apply)
[multiple choice]

	0-4 (early years)	5-12 (primary)	13-15 (secondary S1-4)	16-24 (young people)	25+ (adults)	Parents	People in contact with the justice system	Other audience (please specify)
Counselling services	☐	☐	☐	☒	☒	☒	☒	
Information services	☒	☒	☒	☒	☒	☒	☒	
Physical health	☒	☒	☒	☒	☒	☒	☒	
Mental health	☐	☒	☒	☒	☒	☒	☒	
Naloxone	☐	☐	☐	☐	☒	☒	☒	
Overdose awareness and prevention	☐	☐	☐	☒	☒	☒	☒	
Parenting	☒	☒	☒	☒	☒	☒	☒	
Peer-led interventions	☐	☐	☐	☒	☒	☒	☒	
Personal and social skills	☒	☒	☒	☒	☒	☒	☒	
Planet Youth	☐	☐	☐	☐	☐	☐	☐	
Pre-natal/pregnancy	☐	☐	☐	☒	☒	☒	☒	
Reducing stigma	☒	☒	☒	☒	☒	☒	☒	
Seasonal campaigns	☐	☐	☐	☐	☐	☐	☐	
Sexual health	☐	☐	☒	☒	☒	☒	☒	
Teaching materials for schools	☒	☒	☒	☒	☐	☐	☐	
Wellbeing services	☐	☒	☒	☒	☒	☒	☒	
Youth activities (e.g. sports, art)	☐	☐	☐	☐	☐	☐	☐	
Youth worker materials/training	☐	☒	☒	☒	☐	☐	☐	
Other (please specify)								Music festival and night time economy staff

								trained in alcohol and drug harms

Risk is reduced for people who use substances

Q18a) In which of the following settings is **naloxone** supplied in your ADP area? (select all that apply)
[multiple choice]
☐ Accident & Emergency departments
☒ Community pharmacies
☒ Drug services (NHS, third sector, council)
☒ Family support services
☒ General practices
☒ Homelessness services
☒ Justice services
☐ Mental health services
☒ Mobile/outreach services
☒ Peer-led initiatives
☒ Women support services
☐ None
☒ Other (please specify): Acute Services via addiction liasion

Q18b) In which of the following settings is **Hepatitis C testing** delivered in your ADP area? (select all that apply)
[multiple choice]
☒ Accident & Emergency departments
☐ Community pharmacies
☒ Drug services (NHS, third sector, council)
☐ Family support services
☒ General practices
☒ Homelessness services
☒ Justice services
☒ Mental health services
☒ Mobile/outreach services
☐ Peer-led initiatives
☒ Women support services
☐ None
☒ Other (please specify): Prisons, Sexual health services and Waverly Care

Q18c) In which of the following settings is the **provision of injecting equipment** delivered in your ADP area? (select all that apply)
[multiple choice]
☐ Accident & Emergency departments
☒ Community pharmacies
☒ Drug services (NHS, third sector, council)
☐ Family support services
☐ General practices
☒ Homelessness services
☐ Justice services
☐ Mental health services
☒ Mobile/outreach services
☒ Peer-led initiatives
☒ Women support services
☐ None
☐ Other (please specify):

Q18d) In which of the following settings is **wound care** delivered in your ADP area? (select all that apply)
[multiple choice]
☒ Accident & Emergency departments
☒ Community pharmacies
☒ Drug services (NHS, third sector, council)
☐ Family support services
☒ General practices
☒ Homelessness services
☐ Justice services
☐ Mental health services
☒ Mobile/outreach services
☐ Peer-led initiatives
☐ Women support services
☐ None
☒ Other (please specify): HSCP Community Treatment and Care Centres

Q19a) Are there protocols in place to ensure **all** prisoners identified as at risk are offered with naloxone upon leaving prison?
[single option]
◉ Yes
○ No
○ No prison in ADP area

Q19b) If no, please provide details.
[open text – maximum 255 characters]

People most at risk have access to treatment and recovery

Q20a) Are referral pathways in place in your ADP area to ensure people who experience a near-fatal overdose (NFO) are identified and offered support?
[single option]

- (•) Yes
- ( ) No
- ( ) Don't know

Q20b) If yes, have people who have experienced a near-fatal overdose been successfully referred using this pathway?
[single option]

- (•) Yes
- ( ) No
- ( ) Don't know

Q20c) If no, when do you intend to have this in place?
[open text – maximum 255 characters]

Q21) In what ways have you worked with justice partners? (select all that apply)
[multiple choice]

- ☒ Contributed towards justice strategic plans (e.g. diversion from justice)
- ☒ Coordinating activities
- ☒ Information sharing
- ☒ Joint funding of activities
- ☒ Justice partners presented on the ADP
- ☒ Prisons represented on the ADP (if applicable)
- ☒ Providing advice/guidance
- ☐ None
- ☐ Other (please specify):

Q22a) Do you have a prison in your ADP area?
[single option]

- (•) Yes
- ( ) No

Q22b) Which of the following activities did the ADP support or fund at the different stages of engagement with the justice system? (select all that apply)
[multiple choice]

	Pre-arrest	In police custody	Court	Prison (if applicable)	Upon release	Community justice
Advocacy	☒	☒	☒	☒	☒	☒
Alcohol interventions	☒	☒	☒	☒	☒	☒
Alcohol screening	☒	☒	☒	☒	☒	☒
Buvidal provision	☒	☐	☐	☒	☒	☒
Detoxification	☒	☐	☐	☒	☒	☒
Drugs screening	☒	☒	☒	☒	☒	☒
Psychological screening	☒	☒	☒	☒	☒	☒
Harm reduction	☒	☒	☒	☒	☒	☒
Health education	☒	☒	☒	☒	☒	☒
"Life skills" support or training (e.g. personal/social skills, employability)	☒	☒	☒	☒	☒	☒
Opioid Substitution Therapy (excluding Buvidal)	☒	☒	☒	☒	☒	☒
Peer-to-peer naloxone	☐	☐	☐	☒	☒	☐
Recovery cafe	☒	☐	☐	☒	☒	☒
Recovery community	☒	☐	☐	☐	☒	☒
Recovery wing	☐	☐	☐	☐	☐	☐
Referrals to alcohol treatment services	☒	☒	☒	☒	☒	☒
Referrals to drug treatment services	☒	☒	☒	☒	☒	☒
Staff training	☐	☐	☐	☐	☐	☐
Other (please specify)						

Q23a) How many recovery communities are you aware of in your ADP area?
[open text, integer]

over 3

Q23b) How many recovery communities are you actively engaging with or providing support to?
[open text, integer]

over 3

Q24a) Which of the following options are you using to engage with or provide support to recovery communities in your area? (select all that apply)
[multiple choice]
☒ Funding
☒ Networking with other services
☒ Training
☐ None
☒ Other (please specify): Recovery Communites provide ADP subgroup workstreams with local intelligence

Q24b) How are recovery communities involved **within the ADP**? (select all that apply)
[multiple choice]
☒ Advisory role
☒ Consultation
☒ Informal feedback
☒ Representation on the ADP board
☐ Recovery communities are not involved within the ADP
☐ Other (please specify):

People receive high quality treatment and recovery services

Q25) What treatment or screening options are in place to address **alcohol harms**? (select all that apply)
[multiple choice]
☒ Access to alcohol medication (Antabuse, Acamprase, etc.)
☒ Alcohol hospital liaison
☒ Alcohol related cognitive testing (e.g. for alcohol related brain damage)
☒ Arrangements for the delivery of alcohol brief interventions in all priority settings
☒ Arrangement of the delivery of alcohol brief interventions in non-priority settings
☒ Community alcohol detox
☒ In-patient alcohol detox
☒ Fibro scanning
☒ Psychosocial counselling
☐ None
☐ Other (please specify):

Q26) Which, if any, of the following barriers to residential rehabilitation exist in your ADP area? (select all that apply)
[multiple choice]
☐ Current models are not working
☐ Difficulty identifying all those who will benefit
☐ Further workforce training required
☒ Insufficient funds
☐ Lack of specialist providers
☐ Scope to further improve/refine your own pathways
☐ None
☒ Other (please specify): require increased capacity

Q27) Have you made any revisions in your pathway to residential rehabilitation in the last year?
[single option]
○ No revisions or updates made in 2022/23
◉ Revised or updated in 2022/23 and this has been published
○ Revised or updated in 2022/23 but not currently published

Q28) Which, if any, of the following barriers to implementing MAT exist in your area? (select all that apply)
[multiple choice]
☐ Difficulty identifying all those who will benefit
☒ Further workforce training is needed
☐ Insufficient funds
☒ Scope to further improve/refine your own pathways
☐ None

☒ Other (please specify): SG provision of short term funding has challenged planning for delivery. Further funding is required for implementation in justice settings.

Q29a) Which of the following treatment and support services are in place specifically for children and young people **aged between 13 and 24** using **alcohol**? (select all that apply) [multiple choice]

	13-15 (secondary S1-4)	16-24 (young people)
Alcohol-related medication (e.g. acamprosate, disulfiram, naltrexone, nalmefene)	☐	☒
Diversionary activities	☒	☒
Employability support	☐	☒
Family support services	☒	☒
Information services	☒	☒
Justice services	☒	☒
Mental health services	☒	☒
Outreach/mobile	☒	☒
Recovery communities	☒	☒
School outreach	☒	☒
Support/discussion groups	☒	☒
Other (please specify)		

Q29b) Please describe what treatment and support is in place **specifically for children aged 0-4 (early years)** and **5-12 (primary)** affected by **alcohol**.
[open text – maximum 2000 characters]

Children 1st received CORRA funding to expand the Recovering Families service across Glasgow city. They provide comprehensive support to young people who are affected by parental drug and Alcohol use. https://www.children1st.org.uk/

Glasgow Recovery communities also run weekly homework clubs (Learning Hubs) which aim to give children and young people affected by alcohol/drug use a safe and productive enivroment for support with school work, a family meal and recovery meetings for parents.

Children and Family Social Work Services are key partners of the ADP and work closely on strategic planning as well as with ADRS services to support children affected by parental substance use.
CAMHS support is available as appropriate to children adversely effected by the impact of parental substance use.

The Special Needs in Pregancy midwifery team are members of the ADP Children, Young Persons and Families Subgroup and are key in supporting women considered high risk pregnancy within Glasgow.
The family support service provided by homecare services is integrated into GADRS.
Martha's Mammies provides support to the mothers who have been subject to permancy arrangements

Q30a) Which of the following treatment and support services are in place specifically for children and young people **aged between 13 and 24** using **drugs**? (select all that apply) [multiple choice]

	13-15 (secondary S1-4)	16-24 (young people)
Diversionary activities	☒	☒
Employability support	☒	☒
Family support services	☒	☒
Information services	☒	☒
Justice services	☒	☒
Mental health services	☒	☒
Opioid Substitution Therapy	☒	☒
Outreach/mobile	☒	☒
Recovery communities	☒	☒
School outreach	☒	☒
Support/discussion groups	☒	☒
Other (please specify)		

Q30b) Please describe what treatment and support is in place **specifically for children aged 0-4 (early years)** and **5-12 (primary)** affected by **drugs**.
[open text – maximum 2000 characters]

Children 1st received CORRA funding to expand the Recovering Families service across Glasgow city. They provide comprehensive support to young people who are affected by parental drug and Alcohol use. https://www.children1st.org.uk/

Glasgow Recovery communities also run weekly homework clubs (Learning Hubs) which aim to give children and young people affected by alcohol/drug use a safe and productive enivroment for support with school work, a family meal and recovery meetings for parents.

Children and Family Social Work Services are key partners of the ADP and work closely on strategic planning as well as with Alcohol and Drug Recovery Services to support children affected by parental substance use.
CAMHS support is available as appropriate to children adversely effected by the impact of parental substance use.

The Special Needs in Pregancy midwifery team are members of the ADP Children, Young Persons and Families Subgroup and are key in supporting women considered high risk pregnancy within Glasgow
The family support service provided by homecare services is integrated into GADRS.
Martha's Mammies provides support to the mothers who have been subject to permancy arrangements

Quality of life is improved by addressing multiple disadvantages

Q31) Do you have specific treatment and support services in place for the following groups? (select all that apply)
[multiple choice]

	Yes	No
Non-native English speakers (English Second Language)	☐	☒
People from minority ethnic groups	☒	☐
People from religious groups	☐	☒
People who are experiencing homelessness	☒	☐
People who are LGBTQI+	☒	☐
People who are pregnant or peri-natal	☒	☐
People who engage in transactional sex	☒	☐
People with hearing impairments	☐	☒
People with learning disabilities and literacy difficulties	☐	☒
People with visual impairments	☐	☒
Veterans	☐	☒
Women	☒	☐
Other (please specify)		

Q32a) Are there formal joint working protocols in place to support people **with co-occurring substance use and mental health diagnoses** to receive mental health care?
[single choice]

◉ Yes (please provide link here or attach file to email when submitting response): attached

○ No

Q32b) If no, please provide details.
[open text – maximum 255 characters]

Document attached however this is currently under review to bring into line with MAT standards
Comorbidity pathways are contained within the GCHSCP Mental Health Strategy

Q33) Are there arrangements (in any stage of development) within your ADP area for people who present at substance use services with mental health concerns **for which they do not have a diagnosis**?
[open text – maximum 2000 characters]

Yes, this is currently managed in line with the attached interface document

Q34) How are you, as an ADP, linked up with support service **not directly linked to substance use** (e.g. welfare advice, housing support, etc.)?
[open text – maximum 2000 characters]

The ADP includes a number of partners which attend meetings across the ADP structure and the GCHSCP including Health and Social Care Connect, homelessness, justice, housing support, DWP. There are also city wide ROSC events held on a regular basis, hosted by the

recovery communities. Support services from mental health and homelessness often attend these events.

Q35) Which of the following activities are you aware of having been undertaken in local services to implement a trauma-informed approach? (select all that apply)
[multiple choice]
☒ Engaging with people with lived/living experience
☒ Engaging with third sector/community partners
☒ Recruiting staff
☒ Training existing workforce
☒ Working group
☐ None
☒ Other (please specify): All key partners linked to ADP are included in the city wide training programme

Children, families and communities affected by substance use are supported

Q36) Which of the following treatment and support services are in place for **children and young people** (under the age of 25) **affected by a parent's or carer's substance use**? (select all that apply)
[multiple choice]

	0-4 (early years)	5-12 (primary)	13-15 (secondary S1-4)	16-24 (young people)
Carer support	☒	☒	☒	☒
Diversionary activities	☒	☒	☒	☒
Employability support	☒	☒	☒	☒
Family support services	☒	☒	☒	☒
Information services	☒	☒	☒	☒
Mental health services	☒	☒	☒	☒
Outreach/mobile services	☒	☒	☒	☒
Recovery communities	☒	☒	☒	☒
School outreach	☒	☒	☒	☒
Support/discussion groups	☒	☒	☒	☒
Other (please specify)				

Q37a) Do you contribute toward the integrated children's service plan?
[single option]

- (•) Yes
- ( ) No
- ( ) Don't know

Q37b) If no, when do you plan to implement this?
[open text – maximum 255 characters]

Q38) Which of the following support services are in place **for adults** affected by **another person's substance use**? (select all that apply)
[multiple choice]
☒ Advocacy
☒ Commissioned services
☒ Counselling
☒ One to one support
☒ Mental health support
☒ Naloxone training
☒ Support groups
☒ Training
☐ None
☐ Other (please specify):

Q39a): Do you have an agreed set of activities and priorities with local partners to implement the Holistic Whole Family Approach Framework in your ADP area?
[single option]
◉ Yes
○ No
○ Don't know

Q39b) Please provide details.
[open text – maximum 255 characters]

The ADP Children, Young Person and Families subgroup oversees activity that will implement the WFA strategy. One of the ADRS service managers is currently tasked with leading on developing a service specific to WFA funding received from SG.

Q40) Which of the following services supporting Family Inclusive Practice or a Whole Family Approach are in place? (select all that apply)
[multiple choice]

	Family member in treatment	Family member **not in treatment**
Advice	☒	☒
Advocacy	☒	☒
Mentoring	☒	☒
Peer support	☒	☒
Personal development	☒	☒
Social activities	☒	☒
Support for victims of gender based violence	☒	☒
Other (please specify)		

Confirmation of sign-off

Q41) Has your response been signed off at the following levels?
[multiple choice]
☒ ADP
☐ IJB
☒ Not signed off by IJB (please specify date of the next meeting): 28/6/23

Thank you for taking the time to complete this survey, your response is highly valued. The results will be published in the forthcoming ADP annual report, scheduled for publication in the autumn.

Please do not hesitate to get in touch via email at substanceuseanalyticalteam@gov.scot should you have any questions.

[End of survey]