STANDARD REPORTING TEMPLATE INVERCLYDE ADP ANNUAL REPORT 2016-17

	12/12/2018

Document Details:

ADP Reporting Requirements 2016-17

1. Financial Framework:

2. Ministerial Priorities:

3. Additional Information:

The Scottish government copy should be sent by 23 October 2017 for the Attention of Amanda Adams to: Alcoholanddrugdelivery@scotland.gsi.gov.uk
August 2017

1. FINANCIAL FRAMEWORK - 2016-17

Your Report should identify both the earmarked alcohol and the earmarked drug funding from Scottish Government which the ADP has received (via your local NHS Board) and spent in order to deliver your local plan. It would be helpful to identify any other expenditure on drugs and/or alcohol prevention, treatment/support services or recovery which each ADP partner has contributed from their core budgets to deliver the Plan. You should also highlight any underspend and proposals on future use of any such monies.

Income	**Substance Misuse (Alcohol and Drugs)**
Earmarked funding from Scottish Government	£1,315,430
Funding from Local Authority	£1,035,000
Funding from NHS (excluding funding earmarked from Scottish Government)	£565,000
Funding from other sources:	£7,000
Total	**£2,922,430**

Funding Source	
Health Improvement	£1000
Scottish Government Small Test of Change Funding	
Recovery Café and Jericho society Trauma Training	£2000
Moving On	£2000
Richmond Fellowship	£2000
Total	**£7,000**

Total Expenditure from sources**

	Substance Misuse (Alcohol and Drugs)
Prevention (include community focussed, early years, educational inputs/media, young people, licensing objectives, ABIs)	£560,000
Treatment & Support Services (include interventions focussed around treatment for alcohol and drug dependence)	£1,714, 930

Recovery	£597,500
Dealing with consequences of problem alcohol and drug use in ADP locality	£50,000
Total	**£2,922,430**

**Estimated nature of the distribution of spend in this table are related to the model of service delivery: we do not across most of our services distinguish between spend on treatment and recovery services, for example our core service delivers both.

2016-17 End Year Balance for Scottish Government earmarked allocations

	Income £	Expenditure £	End Year Balance £
Substance Misuse	**£2,922,430**	**£2,922,430**	Nil

2016-17 Total Underspend from all sources

Underspend £	Proposals for future use
Nil	Nil

Support in kind

Provider	Description
Crown Care	Reduced cost use of premises for Recovery Café
Your Voice Community Care Forum	Use of premises for various Recovery Café meetings and events throughout the year
Voluntary Sector Project	Holistic Therapy
James Watson	Tai chi instruction
Peer Volunteers	Range of supports including music tuition
Inverclyde Development Trust	Musical Instruments

Faith in Throughcare	Resilience Training
Volunteer Training CAP	Managing Money Course

2. MINISTERIAL PRIORITIES

ADP funding allocation letters 2016-17 outlined a range of Ministerial priorities and asks ADPs to describe in this ADP Report their local Improvement goals and measures for delivering these during 2015-16. Please outline these below.

PRIORITY	*IMPROVEMENT GOAL 2016-17	DELIVERY MEASURES	ADDITIONAL INFORMATION
1. Compliance with the Drug and Alcohol Treatment Waiting Times LDP Standard, including, increasing the level of fully identifiable records submitted to the Drug and Alcohol Treatment Waiting Times Database (DATWTD)	TARGETS: • 90% of clients will wait no longer than 3 weeks from referral received to appropriate drug or alcohol treatment that supports their recovery. • No one will wait longer than 6 weeks to receive appropriate treatment • 100% data compliance is expected from services delivering tier 3 and 4 drug and alcohol treatment in Scotland	Over the 2016//17 period performance against HEAT standards was: • Just over the National Standard with 91% of alcohol and drug waits being <= three weeks. • 6.5 % of alcohol and drug waits were outwith the HEAT standard of 6 weeks. • Over this period there was 100% compliance with services submitting data to the DATWTD. • Services have continued to work towards the submission of fully identifiable records across all services in line with DATWTD guidance. For 2016/17 all records on the data base were fully identifiable. • Anonymous records are included in the DAWT database only under exceptional circumstances and in accordance with ISD guidance. The partnership utilises the national Waiting Times Systems to monitor and report on individual waits for treatment within national HEAT Standards. This information is scrutinised at an ADP and service level providing the opportunity for the early identification of any areas of concern. All services are provided with detailed analysis of waiting time status of service users and long waits are highlighted and scrutinised individually for accuracy of data	Most recent quarters indicate considerable improvement toward HEAT standard. < three weeks for 2016/17 67.8 % Improved from 2015/16. ➢ Drugs Service ➢ Fallen from 74.5% to 73.8 %

PRIORITY	*IMPROVEMENT GOAL 2016-17	DELIVERY MEASURES	ADDITIONAL INFORMATION
		collection and review of the service user's place in the system. This monitoring takes place for all waits over three weeks. This information forms part of treatment service's quarterly performance reporting (QPR) scrutiny processes which are reported to the ADP governance processes and to the HSCP performance management arrangements. Access to assessment and treatment services is facilitated by self-referral, supported by dedicated initial contact and duty capacity which ensures prompt access to services. Both alcohol and drug treatment services are integrated health and social care teams providing pathways to a range of treatments spanning health and social care. This includes Day Services, ORT, Recovery services, assertive outreach and family support. Duty and initial contact services We work to facilitate access, seamless transfer of care and rapid access to services from acute hospital to community services via Acute Liaison services. This includes initial assessment at acute sites and provision of continuity via clinics at community services delivered by acute liaison nursing staff. Acute addictions liaison staff provide treatment advice and training to ward staff where appropriate facilitating harm reduction and faster access to treatment. Low threshold services within ORT continued to be supported over the 2016/17 period. This service facilitates consultant led access to ORT.	
2. Compliance	Primary care and wider settings for	Within the context of our 2016-17 improvement goal to increase	

<table>
<tr><th>PRIORITY</th><th>*IMPROVEMENT GOAL 2016-17</th><th>DELIVERY MEASURES</th><th>ADDITIONAL INFORMATION</th></tr>
<tr><td>with the LDP Standard for delivering Alcohol Brief Interventions (ABIs)</td><td>ABI delivery for 20016/17are shown in table 1.

Target 612 ABIs to be delivered across priority and wider setting
• Performance -447 delivered indicating 73% of target achieved.
Target at least 80% to be delivered within priority settings
• Performance- indicates 86% delivered within priority setting.

2016/17 NHS GG&C Board wide targets and performance for Acute setting ABI delivery are shown in table 2:

Development plan goals include:

ABI training programme developed for staff in pre surgical wards.
- This programme has been implemented

Roll out of new Glasgow Modified Alcohol Withdrawal Scale (GMAWS) Guidance.</td><td>our number of priority standard and wider setting ABIs over the 2016-17 periods the ADP has worked towards delivery of The Local Delivery Plan (LDP) Standard for Alcohol Brief Interventions (ABIs) - in line with national guidance for ABI delivery under HEAT Standards for 2016-17.

This standard requires that: NHS Boards and associated Alcohol and Drug Partnerships (ADP) sustain and embed alcohol brief interventions in 3 priority settings (primary care, A&E, antenatal) and broaden delivery in wider settings. Along with this the standard requires 80% of delivery within priority settings with the remainder from wider settings.

Inverclyde ADP contributes to the overall NHS GG&C Board wide ABI Targets. For primary care and wider settings:

• NHS GG&C Board wide target was exceeded - 122% of target delivered in across NHS GG&C in 2016/17 reporting period.

Table 1 indicates targets and achievement for the LDP ABI Commitment for 2016-17. The table reflects Inverclyde ADP’s share of the NHS GG&C Board Wide target.

Table 1: Inverclyde HSCP: 2016 – 17 ABI Target 612
<table><tr><th>Quarter</th><th>Primary Care Settings (Inc. non LES)</th><th>Wider Settings</th><th>Total for</th><th>Target for</th><th>Remainder of Target Outstanding</th><th>Percent Achiev</th></tr><tr><td>TOTAL</td><td>384 (85%)</td><td>63</td><td>447</td><td>612</td><td>165</td><td>73%</td></tr></table>Acute Setting ABIs</td><td></td></tr>
</table>

<table>
<tr><th>PRIORITY</th><th>*IMPROVEMENT GOAL 2016-17</th><th>DELIVERY MEASURES</th><th>ADDITIONAL INFORMATION</th></tr>
<tr><td></td><td>- Training programme has been rolled out across acute services by acute addictions liaison staff.

Incorporate Scratchcards</td><td>Inverclyde ADP contributes to NHS GG&C Board Wide Acute ABI targets.
The overall acute ABI target of 4698 was exceeded 112% (n=5245).
The training target of 500 staff trained was also exceeded 112% (n=560).
Alcohol brief interventions continue to be embedded as best practice within acute hospitals

<table><tr><th colspan="5">Table 2. NHS GG&C Acute ABI Delivery</th></tr><tr><th>KPI</th><th>Annual Target 2016-17</th><th>Actual Apr—Mar (Cumulative)</th><th>% of Total Target</th><th>Performanc Status R/A/(</th></tr><tr><td>Total number of Alcohol Brief Interventions delivered</td><td>4698</td><td>5245 (incl. antenatal and wider setting)</td><td>112%</td><td>G</td></tr><tr><td>Total number of staff Trained to deliver alcohol assessment, withdrawal management and brief interventions.</td><td>500</td><td>560</td><td>112%</td><td>G</td></tr></table>
A training programme has been developed and has been delivered to nursing staff within the pre surgical assessment clinic to use the FAST tool and deliver ABIs. This work aims to stimulate referrals for not only ABIs but dependent drinkers as well.
New NHSGG&C Glasgow Modified Alcohol Withdrawal Scale</td><td></td></tr>
</table>

PRIORITY	*IMPROVEMENT GOAL 2016-17	DELIVERY MEASURES	ADDITIONAL INFORMATION
		(GMAWS) for managing patients has been incorporated into Acute Liaison training programme. ABI planning over 2016/17 has included widening community delivery by community nurses by broadening their input into all GP practices within Inverclyde and delivering ABI training to district nurses and practice nurses. Inverclyde ABI delivery programme is a key component of the ADP's Whole Population Approach to Alcohol. Over 2016/17 HEAT Standard setting targets have been addressed by a range of activities including: *Acute Addiction Liaison Nursing services* are available to provide scheduled and ad hoc face to face Alcohol Screening and ABI delivery training to staff both in HEAT standard and wider setting areas. They have provided support to acute staff around delivering and recording ABI activity. *Accident & Emergency Department/Acute Setting* • An ABI clinic has been held at Inverclyde Royal Hospital Emergency Department at twice weekly half day sessions. Early findings indicate the need to review staff time at A&E related to accessing patients' at the most appropriate time within an A&E acute setting. Service redesign has now resulted in A&E staff providing screening and deliver of ABIs to patients with ongoing support continuing to be available from the acute addiction liaison nurses. • Addiction liaison nurses have continued to provide weekly input to A&E and provide an ongoing training resource to staff. They also support ongoing ABI data collection at A&E sites. The liaison team have continued to offer training and support in A&E and have now been issued with scratch cards which incorporate	

PRIORITY	*IMPROVEMENT GOAL 2016-17	DELIVERY MEASURES	ADDITIONAL INFORMATION
		the FAST questions. *Education* NHS GG&C ABI e-learning module has been developed and is available to staff. A Board wide Learn Pro module for ABIs to be used by midwives has been under development over 2016/17 , this work has been aimed at overcoming barriers to accessing training where staff time is at a premium. *Primary Care* • Community nursing staff are currently supporting early interventions in primary care. There is the opportunity for patients to be seen by community nurses in a primary care setting providing an early intervention approach bridging primary care and specialist services. Currently this model has been implemented within alcohol services. For example where the service user is unable to attend the Integrated Alcohol Service Centre but is agreeable to support from alcohol nursing staff. This model facilitates better access to 'hard to reach' individuals. • This service has been limited mainly to two GP Practices one within in a Greenock GP Practice and at Port Glasgow Health Centre. This service model has been reviewed with a view to accessing harder to reach groups within a wider geographic spread and the inclusion of other GP practices across the area. *Antenatal* An NHS GG&C Board wide working group has been progressing developments within this HEAT priority setting for antenatal services.	

PRIORITY	*IMPROVEMENT GOAL 2016-17	DELIVERY MEASURES	ADDITIONAL INFORMATION
		Developments have provided an opportunity for ABIs and alcohol screening within Pregnancy and New Born Screening (PNBS) processes. Alcohol questions within these screening tools have been updated. Currently screening and ABI occurring at the "initial booking session" in maternity services. An education programme is being developed to support midwives re the alcohol changes on PNBS and also raise awareness about alcohol/ FASD. Work is underway to develop drug questions to be included in PNBS and further training is being planned. On-line e learning (learn pro) modules to be developed for both alcohol and drugs. Midwifery services have expressed an interest in using this mechanism to support training. This work will form part of the ongoing support for ABI and alcohol screening delivery within midwifery services. ***ABI Wider Settings:*** Initial contact staff at Inverclyde Integrated Alcohol Services are now routinely using Alcohol Use disorder Identification Test (AUDIT). *Healthier Inverclyde Project (HIP)* Have been involved in developing a training plan for alcohol screening and ABI Delivery training to community wider settings. This training will be offered across relevant partners. Alcohol Services have been involved with training Health Improvement staff to deliver ABIs within smoking cessation services.	
3. Increasing Data Compliance	**We will improve compliance with SDMD SMR 25A and B requirements:**	Over 2016/17 services have worked to improve compliance with Scottish Drug Misuse Data Base (SDMD): SMR 25A and B information requirements.	Information for 2016/17 was not available at time

<table>
<tr><th>PRIORITY</th><th>*IMPROVEMENT GOAL 2016-17</th><th>DELIVERY MEASURES</th><th>ADDITIONAL INFORMATION</th></tr>
<tr>
<td>SDMD: SMR25 A and B.</td>
<td>Goal :
1. Improve coverage across the SMR variables. Target minimum 90% completeness across all variables.
2. Improve compliance with 12 week scheduled reviews being updated on the system.5% annual increase (low base of 12% in 2014/15)
3. Analysis of performance against goal will be considered when data becomes available from ISD.</td>
<td>Processes have been put in place to improve scrutiny of ISD reporting notices around SDMD reporting.

This work is ongoing and will continue to be addressed as we move towards improving data quality in preparation for DAISY implementation.

<table>
<tr><th>Table 1 :
SMR25 data completeness
Across 22 variables</th><th>20015/16</th><th>2016/17</th></tr>
<tr><td></td><td></td><td></td></tr>
<tr><td>Inverclyde</td><td>77%</td><td>TBC</td></tr>
<tr><td>Scotland</td><td>55%</td><td>TBC</td></tr>
</table>

▪ In Inverclyde 17 of the 22 SMR variables had 90% completeness
▪ Across Scotland 12 off 22 SMR variable has 90% completeness

<table>
<tr><th>Table 2:

SMR25 12 week follow up (SMR25b)</th><th>12/13 % Compliance</th><th>13/14 % Compliance</th><th>14/15 % Compliance</th><th>15/16 % Compliance</th><th>16/17 % Compliance</th></tr>
<tr><td>Inverclyde</td><td>13</td><td>14</td><td>12</td><td>19</td><td>TBC</td></tr>
<tr><td>Scotland</td><td>4</td><td></td><td>19</td><td>19</td><td>TBC</td></tr>
</table>
</td>
<td>of reporting. ISD have informed this information will be available early 2018.</td>
</tr>
<tr>
<td>4. Preparing Local Systems</td>
<td>We will ensure compliance with the DAISy system :</td>
<td>In early 2016/17 NHS Information Services Division (ISD) provided an information Governance DAISy workshop in Inverclyde. The</td>
<td></td>
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PRIORITY	*IMPROVEMENT GOAL 2016-17	DELIVERY MEASURES	ADDITIONAL INFORMATION
to Comply with the new Drug & Alcohol Information System (DAISy)	- A DAISy implementation group will be established. - Daisy implementation plan will be developed. - Super users will be identified to support delivery. Measuring outcomes: - ROW training will be delivered across all addiction teams and third sector partners who aim to use ROW.	workshop provided an update on DAISy and provided an opportunity to address any concerns including the collection of personal identifiable data, helping staff to understand the importance of why it is needed. The workshop was aimed at staff involved in delivering care as well as ADP leads and the ADP co-ordinator. ADP has representation at the National Drug and Alcohol Data Action Group which helps to inform our local arrangements for implementation of DAISy. This representation provides strategic, partnership and operational links with the programme development. A local DAISy implementation group has been established which includes representation from all services which will be included in the new DAISy information system. Staff from HMP Greenock have been included within the information links from his group. This group has planned meeting to the DAISy implementation date and beyond. An implementation plan has been developed to support local delivery. This plan was reviewed in 2016/17 following the national DAISy implementation dates being made available from Scottish Government. Key areas of focus for the group have included: ▪ Staff Awareness ▪ Service User Awareness ▪ Information Sharing protocols including compliance with existing processes and requirements for partner agencies ▪ Technology ▪ Staff Training ▪ Business Support ▪ Development of Care Plans from ROW framework	

PRIORITY	*IMPROVEMENT GOAL 2016-17	DELIVERY MEASURES	ADDITIONAL INFORMATION
		Schedules have been developed to provide staff groups with overview presentations developed by ISD. Super Users have been identified. Training schedules are currently being agreed for DAISy super users to be trained by ISD. ***Measuring and Monitoring Outcomes and Recovery Outcome Web (ROW):*** ISD provided ROW training for treatment staff in early 2017 in preparation for the monitoring and reporting of outcomes within the DAISY system. This will build on extensive service investment in Outcome STAR alcohol and drugs. Staff have identified the need to work on being able to use the ROW tool for care planning which they currently find useful within the Outcome Star framework. This work is underway. **HMP Greenock** Inverclyde ADP has included HMP alcohol and drug treatment staff within DAISy development processes and are a member of the local DAISy implementation group. Prison staff were included within local ROW training.	
5. Increasing the reach and coverage of the national Naloxone programme for people at risk of opiate overdose, including those on release from	Improvement Goal 1. **Naloxone overage:** Maximise supply across target recipients. 2. **Community Pharmacy:** - Target increase coverage of Community pharmacy distribution of Naloxone over 2016/17 **Assessment Target: Integrated**	ADP partners have worked to widen coverage of Naloxone training and supply across drug treatment service users. The Naloxone training programme has been refreshed with wider groups being targeted, families, voluntary organisations, other services (mental health and homelessness, family support services). ***Specialist Drug Treatment Services:*** Naloxone uptake is discussed with drug treatment service users at assessment and review. This includes addressing issues around resupply and ensuring kits held are within date. There has been a campaign to ensure the high visibility of Naloxone within drug treatment service	

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prison.	**Drug Service** All service users have Naloxone option discussed as part of assessment. - over 2016/17 assessment processes have included the offer of Naloxone training and supply. - 100% coverage	premises with public information on display. Specialist treatment services offer 'drop in' and information about facilities where Naloxone training and supplies can be accessed. This includes harm reduction clinics. ***Families:*** Arrangements are in place for families to access Naloxone independent of the drug misusing patient. Drug Team Family Support Services have been working with harm reduction services to identify potential need and those who are interested in taking up the Naloxone kits. ***Women's Aid:*** Harm reduction staff have been liaising with local women's aid services and plans are in place for Naloxone training and supply to be delivered to this hard to reach vulnerable group. ***Homelessness*** Homelessness services have dedicated drug treatment and harm reduction services: • Homelessness services staff have been trained and provided with Naloxone Kits as part of our programme to identify and respond to high risk groups. • A rolling programme of Naloxone training has been implemented across this service which includes distribution and redistribution of Naloxone kits and ensuring kits are in date. ***Community Pharmacy: Harm Reduction Services at Community Pharmacy:*** Naloxone Pharmacy Project has been established targeting those not in treatment and hidden populations - whilst also supplying to those in treatment who have not accessed the specialist treatment services. Two community pharmacy services have continued over 2016/17 to supply Naloxone and BBV testing. Naloxone provision from community	

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		pharmacy outlets has continued to increase over 2016/17. ***Acute NHS Setting:*** Provision of Naloxone kits at acute hospital settings to overdose risk patients has been prioritised across NHS GG&C as part of the Naloxone programme. In partnership with acute staff, addiction services, hospital pharmacy teams and acute liaison staff guidance was developed to facilitate supply of take home Naloxone within an acute setting. The guidance provides for overdose awareness and Naloxone training to be provided by acute addictions staff with a request for discharge medication to include Naloxone (with the involvement of discharging doctor and hospital pharmacy team). Acute liaison staff provide training to acute staff to support wider harm reduction advice including Naloxone provision. ***Prison Setting*** Over the 2016/17 period within HMP Greenock Naloxone Programme has continued to target those leaving prison (whether after completing a sentence or from court) where Naloxone training and supply is offered prior to release. Services have worked to bring family members within the Naloxone programme providing a system for additional supplies for family members who feel their relative is at risk. The programme is implemented by trained nurses, NHS admin and Scottish Prison Service Staff who manage database and SPS who facilitate prisoners' training. Prisoners in many cases are repeat offenders, have been in remand and/or have are already engaged with community treatment services where Naloxone will have been discussed in the past. Services work to encourage prisoners to consider the take up of Naloxone.	

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		HMP Greenock offers group & one to one training and Naloxone information is well signposted within the prison. Work has begun to adopt more peer involvement with Naloxone training and take up within the prison setting. ***Residential Rehabilitation:*** within the ADP area there are two residential rehabilitation units one male and one female. Staff across both units have been Trained in Naloxone and have Naloxone kits available. ***Naloxone Peer Training:*** Two members of the Inverclyde Recovery Café have been trained to deliver peer training on Naloxone. ***New Funding Framework:*** The ADP has, in partnership with NHS GG&C, been working since 2015/16 to set in place mechanisms and funding to support the supply of Naloxone following the withdrawal of national funding from the Scottish Government which ceased on 31st March 2016. Under previous arrangements Naloxone supplies have been issued by Patient Group Directive (PGD) directly to patients receiving overdose awareness training. PGD supply has now shifted to NHS prescription for dispensing by community pharmacy. Training is delivered by addiction staff. Naloxone kits required for individuals "*out with"* specialist treatment service clinics (e.g. from fixed site Injecting Equipment providers (IEPs), community pharmacies, homeless hostels, rehabilitation, supported accommodation, recovery events) are supplied using kits from a central stock of Naloxone which is funded by the Alcohol and Drug Partnership (ADP). ***Also See drug death strategy details in section 6*** Over the past year, Naloxone training has been undertaken with	

<table>
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Voluntary Sector providers [Moving On, Turning Point]. Sessions have been delivered within the Recovery Café. Volunteers from St Mary's church have been trained as have Homelessness service users, and staff.
Training has been given in service users' homes and pharmacy settings.

Community Naloxone Supplies 16/17

The table below outlines the supplies made in each quarter within the 16/17 reporting period for Inverclyde ADP area. The majority of addiction teams started to supply Naloxone via prescription from September 2016 to individuals attending clinic settings. Outwith a clinic setting, individuals at risk of opioid overdose, family members/friends, individuals likely to witness an opioid overdose and services working with individuals at risk of opioid overdose are still supplied with physical Naloxone kits at the time of training.

<table>
<tr><th colspan="3">Inverclyde April 2016-March 2017</th><th>TOTAL</th><th>TOTAL</th></tr>
<tr><td>Pharmacy Supplies</td><td>Services</td><td>Prescription Route*</td><td>16/17</td><td>Apr 11 - Mar 17</td></tr>
<tr><td>13</td><td>58</td><td>10</td><td>81</td><td>452</td></tr>
</table>
Notes: *Prescription route – these figures include all prescriptions issued for Naloxone within the ADP areas and is not filtered solely to GP, HBP or Independent Nurse/Pharmacist Prescribers, which will mean figures may differ slightly from the forthcoming NHS ISD Naloxone Monitoring Report for overall NHS GGC total.

Current Coverage
</td><td></td></tr>
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<tr><td></td><td></td><td>
The previous aspirational target for Naloxone coverage was set at 30% of the estimated drug using population for each ADP. The table below shows coverage across Inverclyde ADP and NHSGGC.
<table>
<tr><th>Area</th><th>Estimated Problem Drug Users[1]</th><th>Percentage Coverage achieved based on accumulative total (Apr 11–Mar 17)</th></tr>
<tr><td>Inverclyde</td><td>1,700</td><td>27%</td></tr>
<tr><td>NHS GGC</td><td>20,900</td><td>43%</td></tr>
</table>
Target Recommendations

It has been recommended that annual provision of Take Home Naloxone Kits should be 9-20 times the annual number of opioid related deaths. [2] For the first year of suggested target setting for each ADP the recommended minimum annual figure, in the table below, is calculated based on the number of DRDs, non-fatal overdoses and a rolling 2 year average to take account of cumulative supplies and kit expiry dates.
<table>
<tr><th>Inverclyde</th><th>2014</th><th>2015</th><th>2016</th><th>Estimated no. kits per total opioid drug deaths in 2016 (x20)</th><th>Total number of kits supplied in 2016/17</th><th>Recommended minimum annual supply of kits to be made based on 2 year rolling average.</th><th>Coverage 17/18</th></tr>
<tr><td></td><td>13</td><td>13</td><td>18</td><td>360</td><td>81</td><td>180</td><td>100</td></tr>
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<tr><th>PRIORITY</th><th>*IMPROVEMENT GOAL 2016-17</th><th>DELIVERY MEASURES</th><th>ADDITIONAL INFORMATION</th></tr>
<tr><td></td><td></td><td>(1) Estimating the National and Local Prevalence of Problem Drug Use in Scotland 2012/13. NHS ISD, October 2014 (revised 2016) (2) Take-home naloxone to prevent fatalities from opiate-overdose: Protocol for Scotland's public health policy evaluation, and a new measure to assess impact. Bird, S. Et al. Drugs (Abingdon Eng). 2015 Feb: 22(1): 66-76:
Source : NHS GG&C Advanced Pharmacist Addiction.

Peer Delivery and Training of Naloxone
Several recovery assets who work and volunteer within the Inverclyde recovery café network have completed Naloxone training for trainers. Those trained delivered the training to recovery café attendees. The recovery café project has a supply of Naloxone Kits.</td><td></td></tr>
<tr><td>6. Tackling drug related deaths (DRD)/risks in your local ADP.</td><td>Goal: We will support the development of alternatives to methadone

Goal:
Improvement target Reduce drug related mortality by 2%.
- There was a rise of 4 deaths [to 20] in 2016 compared to the previous year. The 5 yr average remains the same

- The Inverclyde rate per 100k problem drug using population remains below the rate for Scotland for the 2012-2016 period
- 2016 drug related deaths are above the 2012-2016 five year average.</td><td>Drug Related Deaths
Table 4:
<table><tr><th></th><th>2012-2017 5yr Average Drug Death Per Year</th><th>Estimated Problem Drug Users 2012/13</th><th>Annual Average Drug Death</th></tr><tr><td>Scotland</td><td>659</td><td>61.500</td><td>10.6</td></tr><tr><td>Inverclyde</td><td>15</td><td>1.700</td><td>8.9</td></tr><tr><td></td><td></td><td></td><td></td></tr></table>Table 4a<table><tr><th></th><th>2011</th><th>2012</th><th>2013</th><th>2014</th><th>2015</th><th>2016</th></tr><tr><td>Inverclyde</td><td>20</td><td>13</td><td>10</td><td>17</td><td>16</td><td>20</td></tr><tr><td></td><td>2011 - 2015</td><td>2012 - 2016</td><td></td><td></td><td></td><td></td></tr><tr><td>5 year average</td><td>15</td><td>15</td><td></td><td></td><td></td><td></td></tr></table></td><td></td></tr>
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PRIORITY	*IMPROVEMENT GOAL 2016-17	DELIVERY MEASURES	ADDITIONAL INFORMATION
		Inverclyde ADP Drug Death Strategy Inverclyde Drug Death Strategy 2015/16 has been the local vehicle for addressing drug death prevention and learning from incidents in Inverclyde. This strategy is currently under review as part of the ADPs work to address recommendations from the *National Strategy to Combat Drug Related Deaths - Staying Alive in Scotland* (and associated toolkit) (Scottish Government 2016). The ADP has taken part in national implementation arrangements for this work. **ADP Drug related Death Strategy provides a focus on *the following delivery measures:*** ***Naloxone*** is a key delivery element of ADP Drug Death Strategy see section 5 above. ***Assessment and Treatment*****:** Specialist drug treatment services have continued to provide a focus on offering alternatives to methadone principally Suboxone, with both new and current clients which offers advantages in terms of overdose toxicity. ***Low Threshold Services:*** Additional medical time has supported the introduction of a low threshold services supporting early intervention and harm reduction. ***Harm Reduction:*** Harm reduction continues to provide a focus on supporting better access to services. This includes needle exchange services which are provided at fixed times via clinics and on demand at a range of drug treatment and pharmacy services throughout the area. Services provide route transition advice from injecting drug use and foil promotion.	

PRIORITY	*IMPROVEMENT GOAL 2016-17	DELIVERY MEASURES	ADDITIONAL INFORMATION
		Drug Death Monitoring Group: The drug death monitoring group continues to review all drug deaths locally to identify any implications for learning and practice across services. This work is carried out in collaboration with NHS GG&C governance arrangements. In accordance with NHS GG&C Board Wide Clinical Services Group directive there is a Rapid Alert Process in place which in tandem with protocols provides a consistent framework for establishing learning from Drug Related Deaths. ADP Committee is provided with annual presentation and analysis of drug related deaths. Detailed trend analysis of Drug Deaths in Inverclyde has shaped our focus for 2016/17 supporting the identification of risk and service development. Risks associated with offenders and both drug and alcohol being present were identified as key areas for concern. ***Inverclyde Persistent Offenders Partnership (POP)*** has continued to target high risk groups. (also see response to ministerial priority 9). Liaison between drug and alcohol services and local police services, prison services and criminal justice teams has supported an early intervention and prevention approach. Strengthened links between community justice and addiction services has also supported enhanced pathways to services for women offenders. Local management of DTTO services has provided the opportunity to better link these service users into wider community recovery networks and community based specialist treatment services. ***Acute Admissions****:* NPS Intelligence information from acute admissions is collated on a NHS GGC wide basis We have	

PRIORITY	*IMPROVEMENT GOAL 2016-17	DELIVERY MEASURES	ADDITIONAL INFORMATION
		continued to analyse and use this information for developing a profile and needs assessment for NPS across the ADP area. A key area identified over the last few years has been the use of “Street Valium” and unidentified blue tablets which make up the vast majority of NPS reported from this source. We have used this information to work with local drug teams and police intelligence. (see poly drug use section below). ***Poly Drug Misuse:*** Services have identified a growing prevalence of drugs being sold locally as 'valium' which on analysis have contained other than diazepam with potencies being unknown and variable. This heightens risk and causes particular problems in relation to harm reduction measures. The unknown nature of the drugs, e.g. Their actions, strength, and reactions with other drugs makes advice giving challenging. Drug team staff have worked with local Police Scotland and Police Scotland forensic services to obtain analysis of local supplies. Inverclyde has a high number of drug deaths where benzodiazepines are identified as a contributing cause ***Addictions Acute liaison:*** Non-fatal overdose patients admitted to acute wards are referred to acute addictions liaison staff where the overdose is assessed as a result of recreational drug use rather than attempted suicide. These cases will be seen on wards by acute alcohol and drug liaison staff and contact made with specialist drug treatment services if known to service or service needs to be established. Where there is thought to have been an attempted suicide contact is made with Acute Psychiatric liaison. There is a joint acute addictions and acute psychiatric liaison meeting at which these cases are discussed to support pathways to care via specialist treatment services or primary care. ***New Psychoactive Substances***	

PRIORITY	*IMPROVEMENT GOAL 2016-17	DELIVERY MEASURES	ADDITIONAL INFORMATION
		ADP Drug Death Strategy also links with the emerging use of new psychoactive substances including their use with other "drugs". A comprehensive NPS training programme had been delivered across ADP partners. A drug alert network has been established to provide partners with information around drug tends this has had a particular focus on NPS. A multiagency group continues to monitor the impact of NPS at a locality level and provides the opportunity for linking across a wide range of agencies and staff groups. Tier 1 and 2 training which includes NPS has been delivered across staff working with high risk groups including, prison staff, unpaid work staff, Women's Aid, Barnardos, community justice and homelessness staff.	
7. Implementing improvement methodology including implementation of the *Quality Principles*: *Standard Expectations of Care and Support in Drug and Alcohol Services.*	**Goals:** We will take forward processes and mechanisms for supporting the implementation and monitoring of the national quality principles across statutory and commissioned services. - Baseline established via Care Inspectorate assessment. - adopted local QP assessment tool. - HSCP Contract compliance processes references with QP.	An improvement plan has been implemented in response to Care Inspection recommendation following inspection of implementation of Quality *Principles*: *Standard Expectations of Care and Support in Drug and Alcohol Services.* ***Scottish Drugs Forum ROSC Development*** SDF are currently engaged with ADP Partners. They will scope current Recovery activities and organise an event in 2018 aimed at exploring ways of increasing the effectiveness and benefit of these. The Care Inspection process has provided a mechanism for establishing a baseline for the local Implementation of *Quality Principles*: *Standard Expectations of Care and Support in Drug and Alcohol Services.* Gaps have been identified by this process which has become the focus of ADP's future improvement plans. The ADP TNA and workforce development work carried out over 2015/16 will also support local implementation of quality principles for alcohol and drug services. The ADP has adopted an audit template for use at service level	

PRIORITY	*IMPROVEMENT GOAL 2016-17	DELIVERY MEASURES	ADDITIONAL INFORMATION
		which provides a framework for service level evaluation of performance related to the Standard Expectations of Care and Support in Drug and Alcohol Services. HSCP contract monitoring processes have been matching the quality principle areas of focus with their own templates as a way of ensuring improvement methodologies applied to contracted services are consistent with the quality principles. A service review of alcohol and drug services across the entire range of treatment, prevention and early intervention has been established by the HSCP. This will include improvement methodologies and strategic direction.	
8. Responding to the recommendations outlined in the independent expert group on opioid replacement therapies.	**Goal**: Support Board wide review of ORT services as outlined within wider alcohol and drug Clinical Services Review.	The Responsible Officer for ORT in NHS GG&CHB associated ADPs is the Associate Medical Director (AMD) for Addiction Services. The AMD is co- chair of the board wide Alcohol and Drug Clinical Services Review (CSR), which includes a review of ORT in NHS GG&C. The review has been driven by priorities including addressing unmet need, reducing variations in standards of practice and increasing the recovery orientation of services. The review of ORT in NHS GG&C is informed by the Independent Expert Review of ORT in Scotland (as well as other key documents). The CSR has now entered an implementation phase, which includes the implementation of recommendations for community addiction teams and GP shared care schemes. The former CSR group now functions as a Boardwide Alcohol & Drug planning group The AMD chairs the board wide Addictions Clinical Governance System, which includes the following remits pertaining to ORT.	

PRIORITY	*IMPROVEMENT GOAL 2016-17	DELIVERY MEASURES	ADDITIONAL INFORMATION
		The board wide Substitute Prescribing Management Group (SPMG), currently chaired by an addiction consultant psychiatrist. This multi-disciplinary group includes representation from contracted services (GPs and pharmacists) and associated ADPs. The group monitors ORT prescribing within the board, reported at ADP level, and co-ordinates development of best practice advice and guidelines for prescribing and dispensing. The group has updated the GG&C Prescribing Guidelines in relation to ORT and benzodiazepines. The guideline document on "Standards for Supervision in Community Pharmacies" has been updated to reflect current best practice in prescribing and dispensing. The pharmacy team monitors all aspects of ORT dispensing in liaison with the Controlled Drug governance team The group reports to the Governance Group, chaired by the AMD. This includes: - Critical incident reporting and investigations, including adverse incidents in relation to ORT. - Learning from investigations is disseminated through the SPMG and other governance sub-groups. - Person Centred Care developments. - Record of Audits relevant to ORT. A specification of pharmaceutical care for ORT patients has been developed in conjunction with the Prescribing and Pharmacy Support Unit (PPSU) and the Area Pharmacy Contractors Committee (APCC). This is tailored to meet local needs. ORT Guidelines have been updated and issued to GGCHB Drug services. National guidelines have been released and an impact assessment will be carried out by the SPMG in due course. The ADP supports the national pharmacy action plan, "Prescription for Excellence" to extend the potential patient benefits of this	

PRIORITY	*IMPROVEMENT GOAL 2016-17	DELIVERY MEASURES	ADDITIONAL INFORMATION
		approach to those with an alcohol or drug problem. The Prescription for Excellence action plan contains a 5 year timescale to develop an innovative national Alcohol and Substance Misuse Pharmaceutical care and public health service General practitioners are supported by specialist practitioners. An electronic template to aid the review of enhanced service drug misuse patients has been developed and is being tested in the board, with a view to roll out to all practices. The aim of this template is to aid quality improvement though a structured clinical tool and audit information.	
9. Ensuring a proactive and planned approach to responding to the needs of prisoners affected by problem drug and alcohol use and their associated through care arrangements, including women	**Goal**: Finalise and implement a revised substance misuse strategy for NHS GGC Prison Healthcare. - Strategy has been finalised and is now being implemented. **Goal:** We will continue to develop a bespoke Addiction Nurse service in SPS. - bespoke addiction nurse services are available at HMP Greenock. - **Goal:** DTTO will be fully supported by our Integrated Drug Services. -DTTO service re-design has been implemented **Goal :** Develop Recovery Café Services within Prison Setting:	**HMP Greenock NHS GG&C Prison Healthcare Developments:** Over 2015/16 a revised substance misuse strategy for NHS GGC Prison Healthcare was approved and implemented. This strategy has adopted the National Outcomes for Alcohol and Drug partnerships as the framework for its strategic direction, with a focus on how these outcomes will be delivered within a prison setting and associated through care arrangements and community liaison. The NHS GGC Prison Healthcare Substance Misuse Strategy is underpinned by the Quality Principles – Standard Expectations of Care and Support in Drug and Alcohol Services. *Strategic Commitments* Via the new strategy NHS GGC have adopted a tiered approach to understanding and responding to substance misuse within prison healthcare [PHC}. Substances included are all illicit drugs, alcohol, prescription drugs, new psychoactive substances, illicit steroid use, volatile substances, tobacco and other harmful drugs that are commonly used to the detriment of health and wellbeing and the wider community. PHC provide a high quality, evidence based, person centred service to individuals in custody affected by substances. This allows them to move through treatment into	

PRIORITY	*IMPROVEMENT GOAL 2016-17	DELIVERY MEASURES	ADDITIONAL INFORMATION
	- Male and female recovery café facilities have been established which are peer led. **Goal:** Persistent Offenders Partnership [POP] will continue to work into prisons: - POP work with HMP Greenock has continued to be developed.	sustained recovery. Person centred care is the basis of all service activity. The multi-disciplinary team places particular importance on collaboration, efficiency and effectiveness. Treatment is accessible and is delivered at a level to match assessed need. *Monitoring* Mechanisms have been put in place over 2016/17 to ensure that in the coming reporting year the standards in each section of the GG&C Alcohol , Drugs and Tobacco Strategy will be audited with full audit and peers audit annually. There are quarterly reporting requirements and an audit process built in to the standard operating procedures to ensure all areas of the Substance Misuse strategy are met. *Care Plans* Each service user is provided with an individualised care plan which is updated as care continues. The flow of exchange of clinical information between the community, police custody suites and PHC has improved to ensure early intervention and individualised treatment programmes are initiated promptly for the individual. ***Through-care*** arrangements with GP prescribers and support services will be concluded prior to release from custody. All patients on opiate replacement therapy being released from custody are reviewed by the community prescriber within 24hours of release. In the majority of these releases, a same day service exists. The NHS staff within PHC work closely with SPS through-care support offices to ensure that a seamless level of transfer of care is implemented on the day of release. ***HMP Greenock Recovery Café*** The HMP Greenock Recovery Cafés continue to be led by	

PRIORITY	*IMPROVEMENT GOAL 2016-17	DELIVERY MEASURES	ADDITIONAL INFORMATION
		prisoner steering groups. • Over the past year members of the prison Recovery Café have been engaging with confidence in recovery training • Recovery Workbook exercises and discussions • Linked in with local recovery assets and organisations • Supported through a process to create a Drama via Street Cones • IRC Linked in with community houses in prison to have offenders access the café • Linked in to Cresswell House in Gateside Prison to offer placement opportunities for long term prisoners • Supported to gain access to arts and crafts material • Linked in with organisations that offer training **Persistent Offenders Partnership (POP): HMP Greenock through-care links.** The POP team have continued to develop good links with the through-care team based within Greenock prison. This relationship has supported joint working in a number of ways including supporting effective pathways to services for his hard to reach group. Firstly the through-care team provides a link with active POP service users in the lead up to their release. At times, through the relationship that has been built up, the POP workers can request for specific prisoners who are not imprisoned within Greenock, to be returned to Greenock prison prior to release. This ensures that POP workers can work with prisoners up to, at and beyond liberation date. This good joint working relationship has resulted in a number of referrals being made from through-care staff directly into addiction services. This includes but is not exclusive to referrals to the POP team.	

PRIORITY	*IMPROVEMENT GOAL 2016-17	DELIVERY MEASURES	ADDITIONAL INFORMATION
		A case study example: On at least one occasion a referral has been made prior to release whereby one prisoner who was previously known to the service has been attending community addiction counselling with a prison guard in attendance, on day release prior to liberation. Although female numbers amongst the POP workers caseload has increased slightly (currently 35% caseload is female) none of these referrals have been from prison. The team will continue to build on the good practice that is already taking place to develop more referrals for female prisoners. ***Criminal Justice Social Work Services Community Payback Orders (CPO)*** Although a relatively small number (4%) of CPOs made in 2016/17 were with Drug Requirement or Alcohol Requirement many service users will attend addictions services on an informal basis. Where Alcohol and Drug Treatment Requirements were made this was followed up with a referral to appropriate addiction service. Colleagues from these Services are routinely invited to CPO review meetings to facilitate an integrated approach to support and to maintain an overview of compliance. Where there is no formal Requirement progress updates would be sought and if a need was identified during the course of working with a service user they would be supported to engage with addiction services. ***DTTO Developments***: Since early 2015 Inverclyde Criminal Justice Social Work (CJSW) Services has managed its own Drug Treatment and Testing Order Service and these arrangements are well established. Work is on-going to improve the pathways in and out of the DTTO service with regard to accessing mainstream Addiction services to ensure a seamless service experience for	

PRIORITY	*IMPROVEMENT GOAL 2016-17	DELIVERY MEASURES	ADDITIONAL INFORMATION
		individuals. The use of the single shared assessment enables individuals who have completed the statutory Drug Treatment and Testing Order to transfer into community services with on-going pathways to community treatment / support through the Inverclyde Integrated Addiction Service or with a General Practitioner. ***Women Offenders***: The Inverclyde Integrated Women's Service which supports prevention work around re-offending is delivered in partnership by Action for Children [AFC] and Inverclyde Criminal Justice Social Work [CJSW].It is informed by the findings of the Angiolini Commission. Throughout 2016-17 there has been a continued demand on the service which provides individual, holistic support which focuses upon the wellbeing of those referred. A key component of the service has been the Inverclyde Integrated Women's Case Review Group, which is multiagency and is supported by Addiction services. The Group not only looks at new services, but also reviews complex or 'stuck' cases which could benefit from a fresh multi-agency perspective. During 2016-17, 31 women actively engaged with the Service and of these 22 were on a CPO with a Supervision Requirement. 2103 hours of direct contact/ supervision were provided to the women many of whom have complex needs. Through the skilful support and tenacity of the support staff there is evidence of lives being slowly turned around, with the women being empowered to take responsibility for the issues which affect them promoting access to wider community supports.	
10. Improving identification of, and preventative activities	**Goal:** We will increase awareness and understanding of NPS on a whole population and ADP basis:	Main areas of action within this key priority area is co-ordinated by the Greater Glasgow and Clyde (GGC) Drug Trend Monitoring Group. Key actions which have taken place include:-	

PRIORITY	*IMPROVEMENT GOAL 2016-17	DELIVERY MEASURES	ADDITIONAL INFORMATION
focused on, new psychoactive substances (NPS).	We will deliver tailored inputs to every school which highlight the risks attached to NPS. We will deliver bespoke training on NPS. We will continue to monitor NPS impact upon statutory services linking actively with the Drug Trend Monitoring Group. - NPS is incorporated into Tier 1 and Tier 2 training programme - NPS training Commissioned from Scottish Drugs Forum - School Drug programme now incorporates NPS. - Police Scotland Community officers provide support to schools where NPs issues have been raised. - Police stop unit has presented to ADP committee on NPS and Violent Crime enhancing committee understanding of impact of NPS.	• Greater Glasgow and Clyde considered the learning from the research 'Understanding the patterns of use, motives, and harms of New Psychoactive Substances' along with other more local intelligence to form a picture of current drug trends in GGC. • Recommendations based on the above research and feedback from staff and services are being prepared for consideration by the GGC Addiction Planning group. These are themed into four key areas Training; Information and Communication; Engagement and Service Delivery: Harm Reduction. • GGC Drug Trend Monitoring Group continues to monitor drug trends across GGC. Communication of any areas of concern is carried out through a series of networks across disciplines and services. • General drug training has been adapted to incorporate NPS. This recognises that NPS are drugs, used for their psychoactive effects and are rarely used in isolation. • GGC Drug Trend Monitoring group are actively involved in the establishment of a national Centre of Excellence which will facilitate testing of substances of concern, ensure information is disseminated to appropriate parties and co-ordinate the development of informed harm reduction information. We have continued to embed NPS within our Tier 1 and Tier 2 training. We distribute Police Scotland STOP unit bulletins and drug alerts across a wide network with a focus on those who are in contact with vulnerable groups. The Police Scotland STOP unit have provided input to team meetings raising awareness of NPS and have presented to ADP Committee highlighting the issue of NPS and violent crime.	

PRIORITY	*IMPROVEMENT GOAL 2016-17	DELIVERY MEASURES	ADDITIONAL INFORMATION
		In 2016/17 This training has been delivered to a wide range of groups which have been targeted including foster carers, kinship carers and unpaid work groups. We have embedded NPS awareness within drug input to our schools education programme. Three members of staff have undertaken advanced NPS training which has supported our local capacity to support partners in their understanding of NPS. Police Scotland services have been building a bank of local knowledge around NPS supporting prevention work including the analysis of seizures; we have had a particular problem with street benzodiazepines valium and etizolam. Local intelligence has been supported by this work. (See drug related deaths section for further details). A pilot cannabis support pilot project has been undertaken which was delivered via smoking cessation services at a local further education college.This allowed the opportunity to discuss and provide support around synthetic cannabinoids. A group work cannabis service has been developed and delivered by a third sector partner. This service has also created the opportunity to provide support and education about synthetic cannabis use. Youth services support access to information and the opportunity to discuss NPS and other drug use (including Alcohol) within a “safe” environment at youth club settings. This work is sited within the wider “risky behaviour” framework delivered locally to young people in schools and youth services. Inverclyde WASTED project delivered by a range of ADP partners	

PRIORITY	*IMPROVEMENT GOAL 2016-17	DELIVERY MEASURES	ADDITIONAL INFORMATION
		(Youth Services, Police Scotland, Young People's Alcohol Team, Scottish Fire and Rescue and Health Improvement) in a one day project for all S2 pupils provides information about drugs and alcohol including NPS. This is delivered within the context of risky behaviours and informing better choices. This work is evaluated. *Acute Liaison* There has been local implementation of NHS GG&C Acute Psychoactive Substances Information Collection Template for Emergency Departments which provides local intelligence and the opportunity to provide a care pathway for patients. Drug Trend Monitoring Group continues to monitor all drug trends, including NPS, for the six local ADPs. Communication of any areas of concern is done through a series of networks across disciplines and services. Training is offered to key staff groups as need is identified. This allows us to work in partnership with services using existing protocols and procedures where possible to develop flowcharts for staff on what to do should there be an incident at their place of work. General capacity for training in the community has been increased by developing and delivering a facilitators course for existing staff. This up-skills them to add an NPS element to current training packages.	
11. On-going Implementation of a Whole Population Approach for alcohol	We wish to achieve a far reaching change in attitude to drinking alcohol in our community. We will sustain our existing comprehensive input to all school aged children in Inverclyde. We will	The Healthier Inverclyde Project (HIP) team have continued to deliver a whole population approach to alcohol prevention and education work across the Inverclyde area. This work involves training, information and advice to deprived and hard to reach communities in the local area. This includes drugs, alcohol and youth work training in community centres throughout the local	

PRIORITY	*IMPROVEMENT GOAL 2016-17	DELIVERY MEASURES	ADDITIONAL INFORMATION
recognising harder to reach groups, supporting a focus on communities where deprivation is greatest.	continue to engage with our Community re alcohol awareness and education and develop our input to people who are homeless and prisoners. **Goal:** Will deliver alcohol awareness across all primary schools in Inverclyde 2016/17: - Booze busters programme delivered in all primary schools to 1300pupils **Goal:** Deliver alcohol awareness across secondary schools**:** - @1000 secondary pupils received alcohol awareness input. **Goal:** to deliver WASTED project in 2016/17 **Goal:** to develop a peer alcohol awareness programme for high school pupils: - this project was developed and delivered.	area. Delivery in 2016/17 has included : • *Action For Children* – Service Users • *Barnardos* – Pre Natal Group & Dads Groups – We work with Barnardos on a regular basis and go into various group here to cover various topics. • *Tomorrows People* –a four week programme was delivered to this group looking at various issues in relation to alcohol and drugs. Tomorrow's People is an employment charity that works with those facing multiple barriers to employment was with young people within the 16 – 25 age group. • *Woman's Group* – with a focus on how alcohol affects women specifically. • West college Scotland; alcohol drug and cannabis campaign work delivered within local campus ***Input to School Age Children*** Continued alcohol awareness sessions were delivered to secondary school and primary pupils, each primary receives the Booze Buster programme carried out over 4 sessions. Around 1000 secondary pupils and 1300 primary pupils have received awareness sessions this academic year. *Alcohol Peer Education* sessions were run in conjunction with staff and pupils at Port Glasgow High School. YPAT Schools Workers engaged with a group of 10 S6 pupils to develop and facilitate alcohol awareness inputs for S1 PSE classes. The S6 group subsequently delivered sessions on alcohol awareness within S1 PSE classes. This project was implemented in response to the 'Clyde Conversations' event and a project that was run in Port Glasgow High School by Space Unlimited, looking at the role that	

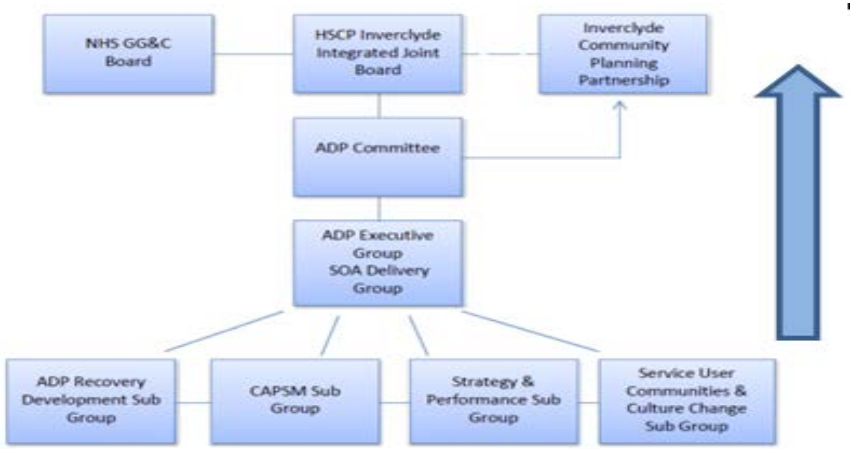
PRIORITY	*IMPROVEMENT GOAL 2016-17	DELIVERY MEASURES	ADDITIONAL INFORMATION
		young people can play in reducing alcohol related harm in Port Glasgow *Youth Services* provide ongoing input to young people through youth related activities. This work is a combination of structured and ad hoc input delivered by trained youth workers and delivered within a safe environment for young people. *Alcohol and Older People* Alcohol services staff have been involved with NHS GG&C wide Alcohol and Older People development work including training across the wider community and with care homes and staff groups working with older people. This is tailored training which better reflects the impact of alcohol on areas like medication changes to the impact of alcohol as the body ages including impact on falls and fall prevention. This work will be further complemented by the piloting of Older Peoples ABI using the GMAST screening tool. ***Supporting Communities Week*.** The purpose of the week was to provide a programme of events to engage the community with alcohol and drugs services and highlight the good work already going on in Inverclyde. Around 30 different partners were involved throughout the week and a total number of 14 events took place throughout Inverclyde reaching around 300 community members. ***Licensing Forum:*** Licensing Forum has agreed to raise awareness and support to communities to respond to any licensing issues using the alcohol focus Scotland toolkit. This will include community councils.	
12. ADP Engagement in improvements to	We want to ensure that less people become involved in problematic and risky drinking in the first place.	Treatment and prevention services in Inverclyde support work to reduce alcohol related deaths:	

PRIORITY	*IMPROVEMENT GOAL 2016-17	DELIVERY MEASURES	ADDITIONAL INFORMATION
reduce alcohol related deaths.	We wish to ensure that those who do are treated timeously and appropriately. **Goal :** Achieve HEAT standard for alcohol treatment services in 2016/17; - Alcohol treatment services have consistently exceeded the 90% of people treated within 3 week target	***Treatment services:*** • Inverclyde Integrated Alcohol Services (IIAS) offer a comprehensive and integrated service. Ease of access to services is supported by self-referral and duty services. • Continued assertive alcohol liaison into acute medical and surgical wards as well as acute psychiatry units, improving secondary and tertiary prevention for those patients already unwell through their alcohol use. • The development of an assertive service model for engaging highly vulnerable individuals into medical and nursing clinics and onwards into evidenced based treatments such as formal detoxification and relapse prevention medications and psychological therapies. • Triaging and prioritising the most vulnerable and medically unwell for elective inpatient detoxification admission in our dedicated addictions beds. • The creation of formal Multi-Disciplinary Teams where complex risk management plans can be agreed for all, but especially those assessed to be medically and psychiatrically vulnerable. • Clear processes for reviewing and assertively managing situations where vulnerable service users disengage in unscheduled ways from active treatment. These processes are based on the GG&C Closing Cases Guidelines and are regularly audited. • Clear routes for optimising individuals' personal recovery and encouraging their uptake of meaningful activities. • A key component of the day service group programme is relapse prevention. The prescribing and supervision of Disulfiram therapy would also be considered relapse prevention. • The majority of IIAS staff have attended training in "Core Behavioural and CBT Skills for Relapse Prevention and	

PRIORITY	*IMPROVEMENT GOAL 2016-17	DELIVERY MEASURES	ADDITIONAL INFORMATION
		Recovery Management" which are used in their 1:1 work with service users. • Alcohol treatment services provide a pathway from medical intervention to recovery services • The programme also works to support mutual aid through peer support development. • A new mutual aid group was formed "GRASP" from service users who previously attended the "*Moving Through"* project. • In 2016/17 Inverclyde Recovery Café has focused developments on supporting employability related activities with an emphasis on supporting access to existing employability services supporting inclusion. ARBD Training has been delivered to staff across ADP partners.	

3. ADDITIONAL INFORMATION 1 APRIL 2016 – 31 MARCH 2017

1	**Please <u>bullet point</u> any local research that you have commissioned e.g. hidden populations, alcohol related deaths.** (*the actual research is not required)*	Repeat Presentations to A&E. The ADP is part of an agency wide group looking at repeat presentations to A&E. Audits are being carried out to identify individuals who have multiple contacts across a range of services to identify improved care pathways for support and reduce risk Prevention and Education Provision Within Schools Research is being carried out to identify prevention and education needs across school

2	**What is the formal arrangement within your ADP for reporting on your Annual Reports/ Delivery Plans/shared documents, through your local accountability route**.	ADP reporting routes are well established and have been reported in previous ADP annual reports these have remained the same for 2016/17. The ADP Committee is the principle body for formal reporting and approval of Annual Reports/ Delivery Plans/shared documents. Once approved by ADP Committee plans and documents are shared with the Community Planning Partnership and HSCP Joint Care Board. These bodies also provide a scrutiny mechanism for the work of the ADP. Figure 1 illustrates the current ADP Governance arrangements around reporting. **Fig 1: ADP Governance and Reporting**  **Reporting to HSCP : Integrated Joint Board and HSCP Committee** Arrangements have been put in place for the ADP Annual Reports/ Delivery Plans/shared documents to be reported thereafter to the Integrated Joint Board, and HSCP committee within the Council. In addition performance reports made to the IJB and HSCP committee may also include ADP related reporting for example HEAT Performance. **Reporting to Community Planning Partnership (CPP):** The ADP has reported to the Community Planning Partnership via the Single Outcome Agreement (SOA) Programme Board, and thereafter to the Alliance Board. The ADP Executive group's role as SOA delivery group within the Inverclyde CPP places the work of the ADP within the CPP delivery and reporting structures.

		The ADP will report annually to the Alliance Board with regard to the LOIP [Local Outcome Implementation Plan] as of 2018. **Locality Planning** For future ADP reporting consideration is being given to the role of ADP reporting within locality planning arrangements. These arrangements and LOIP governance structures and will be reported within the 2017/18 annual report. **Child Protection Committee (CPC);** ADP Children Affected by Parental Substance Misuse (CAPSM) group reports priorities for action and progress to the CPC and ADP Committee on a quarterly basis.
3	**A person centered recovery focus has been incorporated into our approach to strategic commissioning.** **Please advise if your ROSC is 'in place'; 'in development' or in place and enhancing further.** *(No additional information is required)*	Enhancing further. The ADP is currently working with the Scottish Drugs Forum who are providing a structured model for provision of support to assist Inverclyde Alcohol and Drug Partnership in meeting its priorities relating to ROSC and associated workforce development over the next 12-24 months. This is particularly timely in 2017, given other parallel activity taking place both locally and nationally, including recommendations following the 2016 validated self-assessment of ADPs against the Quality Principles; ongoing development of recovery-focused activity; the 2017 Road to Recovery refresh exercise; and implementation of performance frameworks related to the Quality Principles (Standard Expectations of Care and Support in Drug and Alcohol Services).
4	**Is there an ADP Workforce Development Strategy in Place, if <u>no</u>, are there plans to develop?**	**A: Is there a Workforce Strategy in place: Yes** The ADP has a Workforce Strategy which is currently under review. The existing strategy has over the past few years provided a focus on the wider ADP Workforce. Areas of work include:- • the re-design and implementation of Tier 1 and Tier 2 programmes • Inclusion of NPS in Tier 1 and Tier 2 Training programme • NPS Training Programme • Youth Work Alcohol and Drug Training • Reaching a wide range of staff groups across ADP partner agencies and the wider community. • There has been a focus on widening psychological therapies skills with core skills training

		and spirit training has been delivered to a wide range of alcohol and drug treatment staff. **B: Are there plans to develop? And will support be given by any Nationally Commissioned Organisations (NCOs)** The ADP has over 2016/17 been working with the Scottish Drugs Forum Workforce Development Programme as part of the ADP's Workforce Development Strategy review process. Scottish Drugs Forum (SDF) were commissioned by the Inverclyde Alcohol and Drug Partnership (ADP) (via NCO arrangements) to conduct a Training Needs Analysis (TNA) for the alcohol and other drugs workforce. This workstream has provided a focus on addressing workforce development needs which will support services to implement the National Quality Principles for Alcohol and Drug services and further support the ADP's ROSC. A working group was set up to establish the scope of the TNA and it was decided that the TNA would include specialist services directly working with an individual in recovery but also wider partners who would play a role in supporting recovery i.e. housing, education, police. By including all partners in the TNA the ADP aim has been to gain an insight into the workforce's training needs and this will ultimately help develop Inverclyde's Recovery Orientated System of Care (ROSC) and an inclusive workforce development plan. The next stage of this work will involve the ADP working with SDF to produce a workforce development plan which among other aspects will help us to move to the next stage of our ROSC implementation. The ADP aims to have a ROSC strategy and implementation plans by 2018.

Please provide any feedback you have on this reporting template.
