Highland
Community
Planning
Partnership

Com-pàirteachas
Dealbhadh
Coimhearsnachd
na Gàidhealtachd

Highland Community Planning Partnership Board – 5 June 2024

Highland Alcohol and Drugs Partnership (HADP) Annual Reporting Template 2023/24

Report by: Eve MacLeod, HADP Coordinator

Summary

Members of the CPP Board are asked to scrutinise the HADP Annual Reporting Survey Template for 2023/24, and agree the final version to be submitted to Scottish Government.

1. **Background**

1.1 **The HADP is accountable nationally to the Scottish Government, and locally to the HCCP Board. The Annual Reporting Survey was considered and approved at the HADP Strategy Group on 21st May 2024, and requires approval from the HCPP Board, before submission to SG by Friday 28th June 2024.**

1.2 All ADPs are required to complete an annual reporting survey on activity from the previous year. The survey includes previously asked questions, and new reporting requirements, including providing detail on HADP commissions in 2023/2024. The survey enables progress to be reported at a local level, with results informing national progress. It does not cover the totality of HADP's work as there are other reporting methods in place as well.

1.3 To complete the survey and provide an accurate response, HADP partners have contributed to the submission.

2. **Assessment – Summary**

HADP have been able to report activity in the majority of areas requested. Overall, the report demonstrates a wide range of activity, and areas for further development. These will be considered when developing the new HADP strategy this year.

2.1 **Areas of positive activity:**

<u>Living and Living Experience</u>: processes are in place to gather feedback from people with lived and living experience, and this is used in a number of ways.

<u>Prevention and Harm Reduction</u>: a range of options are available to prevent and delay substance use, and reduce drug and alcohol associated harms. Further ways to reduce harm are identified in the survey, but demand of these have not been formally quantified, although would likely be supported by people who would benefit from such interventions.

<u>Treatment and Recovery</u>: Numerous near fatal overdose pathways are in development. A range of work across the partnership aims to support people and their families in various ways and at any contact opportunity.

Areas for Improvement:

<u>Financial processes</u> – At year end a proportion of funding, as agreed by the HADP strategy group, was redeployed to HTSI. The total underspend of the drugs and alcohol allocation was estimated to be £138,271 and of this the HADP was unable to allocate approximately £40,000, across the total drug and alcohol budget of £6.677m. The HADP is grateful for refreshed accountancy support to ensure improvements are made regarding the contracting process.   Actions will include improvements and assurances regarding contracts and grants compliance with NHS Highland Standing Financial Instructions (SFI), for example not paying grants in advance, and contracts with partners with NHSH, rather than the HADP. To begin this improvement process, the chair, co-chair and coordinator met the Finance Director in May.

<u>Development Plan</u> – A development plan has been created to improvement partnership performance, partnership governance and stakeholder engagement and culture of working together.   The HADP is considering how this might be resourced, for example, dedicated worker time to develop the contracting processes. Please see plan attached in Appendices.

<u>Response to emerging drug threats</u> – An emergency response plan is in development with Public Health.

Recommendation
The Board is asked to: i)   Scrutinise and agree HADP Annual Reporting Survey submission for 2023/24

Author: Eve MacLeod

Date: 27/05/2024

Appendices:
  i)   HADP Annual Reporting Template for 2023/24
  ii)   HADP Strategy Group Development Plan

Alcohol and Drug Partnership (ADP) Annual Reporting Survey: 2023/24

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 on drugs **during the financial year 2023/24**. This will not reflect the totality of your work but will cover areas where you do not already report progress nationally through other means.

The survey is composed of single option and multiple-choice questions with a limited number of open text questions. We want to emphasise that the multiple-choice options provided are for ease of completion and it is not expected that every ADP will have all of these in place.

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 conscious that some of the data we are now asking for may appear to have been supplied through other means (e.g. MAT Standards reporting). After careful review, we found the data supplied via these means is not in a form that allows for consistently tracking change over time at a national level and so have included a limited number of questions on these topics.

The data collected will be used to better understand progress at local level will inform:

- National monitoring of the National Mission on Drugs;
- The work of advisory groups including the Whole Family Approach Group, the Public Health Surveillance Group and the Residential Rehabilitation Working Group, amongst others; and
- The work of 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. You can find the report on the 2022/23 ADP survey responses here. 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 Friday 28 June 2024. Your submission should be signed off by the ADP and the IJB. We are aware that there is variation in the timings of IJB meetings so please flag 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

Question 1

Which Alcohol and Drug Partnership (ADP) do you represent? Mark with an 'x'. [single option]

Aberdeen City ADP

Aberdeenshire ADP

Angus ADP

Argyll & Bute ADP

Borders ADP

City of Edinburgh ADP

Clackmannanshire & Stirling ADP

Dumfries & Galloway ADP

Dundee City ADP

East Ayrshire ADP

East Dunbartonshire ADP

East Renfrewshire ADP

Falkirk ADP

Fife ADP

Glasgow City ADP

X Highland ADP

Inverclyde ADP

Lothian MELDAP ADP

Moray ADP

North Ayrshire ADP

North Lanarkshire ADP

Orkney ADP

Perth & Kinross ADP

Renfrewshire ADP

Shetland ADP

South Ayrshire ADP

South Lanarkshire ADP

West Dunbartonshire ADP

West Lothian ADP

Western Isles ADP

Cross-cutting priority: Surveillance and Data Informed

Question 2

Which groups or structures were in place at an ADP level to inform surveillance and monitoring of alcohol and drug harms or deaths? Mark all that apply with an 'x' – if drug and alcohol deaths are reviewed at a combined group, please select both 'Alcohol death review group' and 'Drug death review group'.
[multiple choice]

    Alcohol death review group

    Alcohol harms group

X Drug death review group

    Drug trend monitoring group/Early Warning System

    None

X Other (please specify): Multi-agency drug death prevention group. Both the DRD Review and DRD Prevention Groups share local trend / early warning information and from RADAR as well as national Police drug trend bulletins. Information is also disseminated to relevant partners.HADASS/DARS produce a drug trends bulletin for use within recovery services.

Question 3

3a. Do Chief Officers for Public Protection receive feedback from drug death reviews? Mark with an 'x'.
[single option]

    X Yes

    No

    Don't know

3b. If no, please provide details on why this is not the case.
[open text – maximum 500 characters]

> Yes - HPPCOG receive a quarterly report on drug deaths drawn from the work of the Review Group and Prevention Group. It is anonymised information and does not focus on specific deaths. Provides prevalence, trends, key issue information. Review of younger people's drug related deaths working group will report to COG on learning from case reviews.COG have asked for more real time data prior to deaths being verified, this will be provided in this financial year and will include suspected DRDs.

Question 4

Please describe what local and national structures are in place in your ADP area for the monitoring and surveillance of alcohol and drug harms and deaths, and how these are being used to inform local decision making in response to emerging threats (e.g. novel synthetics)? [open text – maximum 2,000 characters]

Minutes and records from the DRD Review Group record learning and actions to improve practice. A 7 Minute Briefing is used to support practice improvements and contains anonymised information and can be shared across partners. RADAR information shared as required, and will plan and implement local RADAR response. DAISy reporting. Work with Police Scotland to mitigate harms from county lines and cucooking.

Question 5

5a. In response to emerging threats, e.g. novel synthetics, have you made specific revisions to any protocols? Mark with an 'x'.
[single option]

    Yes

  X No

5b. Please provide details of any revisions
[open text – maximum 500 characters]

An Emergency Response plan is in development with Public Health colleagues to deal with any incident of a cluster of NFOD or suspected DRDs

Cross-cutting priority: Resilient and Skilled Workforce

Question 6

6a. What is the whole-time equivalent[1] staffing resource routinely dedicated to your ADP Support Team as of 31 March 2024.
[numeric, decimal]

Total current staff (whole-time equivalent including fixed-term and temporary staff, and those shared with other business areas)	4.80
Total vacancies (whole-time equivalent)	1.00

6b. Please list the job title for each vacancy in your ADP Support Team as at 31 March 2024 (if applicable).
[open text – maximum 500 characters]

Coordinator (in place from 1st April 2024, following a three month vacancy)

Question 7

Please describe any initiatives you have undertaken as an ADP, or are aware of in the services you commission, that are aimed at improving employee wellbeing (volunteers as well as paid staff).
[open text – maximum 2,000 characters]

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[1] Note: whole-time equivalent (WTE) is a unit of measurement that indicates the total working hours of employees in relation to a full-time position. It helps to standardise and compare staffing resource across different teams or organisations. A full-time employee is equal to one whole-time equivalent. For part-time employees, divide their hours by the whole-time equivalent. For example, if a part-time employee is required to work 7.5 hours per week and a 'full-time' position is considered to be 37.5 hours, the WTE would be 0.2 (7.5 hours / 37.5 hours).

Staff experiential survey was recently completed with DARS team around the MAT Standards. As a service this will be analysed to identify issues and look to implement improvements using the model for improvement. Some teams are having a focus on 'staff check-ins' to ensure team wellbeing having previously collected staff experience on a regular basis. Within wider NHS Highland there is 'Your health and wellbeing' website which was developed for NHS Highland staff as a source of support.

Cross cutting priorities: Lived and Living Experience

Question 8

Do you have a formal mechanism at an ADP level for gathering feedback from people with lived/living experience who are using services you fund? Mark all that apply with an 'x'. [multiple choice]

X Experiential data collected as part of MAT programme

X Feedback / complaints process

X Lived / living experience panel, forum and / or focus group

X Questionnaire / survey

   No formal mechanism in place

   Other (please specify):

Question 9

How do you, as an ADP, **use feedback received from people with lived/living experience and family members** to improve service provision? Mark all that apply with an 'x'. [multiple choice]

	Lived/living experience	Family members

Feedback is integrated into strategy	X	
Feedback is presented at the ADP board level	X	X
Feedback used in assessment and appraisal processes for staff		
Feedback used to inform service design	X	X
Feedback used to inform service improvement	X	X
Other (please specify)	Involved in interview panel in recruitment process for core ADP & chair	

Question 10

10a. In what ways are **people with lived and living experience** able to participate in ADP decision-making? Mark all that apply with an 'x'.
[multiple choice]

    Through ADP board membership

X Through a group or network that is independent of the ADP

X Through an existing ADP group/panel/reference group

    Through membership in other areas of ADP governance (e.g. steering group)

    Not currently able to participate

    Other (please specify): We're conscious that members of the strategy group may have lived experience and not wish to volunteer that information.

10b. In what ways are **family members** able to participate in ADP decision-making? Mark all that apply with an 'x'.
[multiple choice]

    Through ADP board membership

X Through a group or network that is independent of the ADP

X Through an existing ADP group/panel/reference group

    Through membership in other areas of ADP governance (e.g. steering group)

    Not currently able to participate

    Other (please specify):

Question 11

What mechanisms are in place within your ADP to ensure that services you fund involve people with lived/living experience and/or family members in their decision making (e.g. the delivery of the service)? Mark all that apply with an 'x'.

[multiple choice]

    X Prerequisite for our commissioning

    X Asked about in their reporting

    X Mentioned in our contracts

    None

    Other (please specify):

Question 12

Please describe how you have used your ADP's allocated funding for lived/living experience participation[2] in the last financial year. Within your answer please indicate which activities have been most costly.
[open text – maximum 2,000 characters]

> SDF were commissioned to gather experiential data. Some researchers have lived experience. In addition, we have provided SDF with additional funding to develop a lived experience group. All funded services, providers are asked how they will collate voices of lived / living experience, and this is to also be included within evaulation of work, to improve outcomes and service delivery.

Cross cutting priorities: Stigma Reduction

Question 13

Within which written strategies or policies does your ADP consider stigma reduction for people who use substances and/or their families? Mark all that apply with an 'x'.
[multiple choice]

    X ADP strategy, delivery and/or action plan

    Alcohol deaths and harms prevention action plan

    Communication strategy

    Community action plan

    Drug deaths and harms prevention action plan

    MAT standards delivery plan

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[2] The funding letter specified that "£0.5 million is being allocated to ADPs to ensure the voices of people with lived and living experience are heard and acted upon in service design and delivery at a local level. This includes decisions about prioritisation, commissioning and evaluation of services."

X Service development, improvement and/or delivery plan

None

X Other (please specify): see Q14a

Question 14

14a. Please describe what work is underway in your ADP area to reduce stigma for people who use substances and/or their families.
[open text – maximum 2,000 characters]

People First - Partners Pledge, Language Matters - resources, anti-stigma training and resources. Delivery of SDF anti-stigma training. As part of the development of a new Strategy for Highland we will review our approach to tackling stigma and refresh the resources developed asking Partners and Stakeholders to support their commitment by making a Pledge to reduce stigma and challenge discriminatory attitudes. We have also supported national stigma campaigns across Highland. Feedback from patient and family experiential survey will be relayed to local drug and alcohol forums where we will co-design improvement work around any stigma issues raised.
Health Improvement Scotland were approached for assistance to develop a public facing performance report that would be designed to reduce stigma. Work to progress.

14b. What data does your ADP have access to that could be used to capture the impact of the work described in 14a? (Please indicate if this is not currently possible).
[open text – maximum 500 characters]

Unfortunately we have limited data available however future improvement measures will be considered in relation to Number of Partners who sign up to the Pledge, number of staff who receive the Language Matters Training. Examples could include any actions taken by partners as part of their pledge activities e.g. leaflets which are adapted as a result of the training to ensure people first language is used. Annual experiential survey. Google Analytics available for some resources.

Fewer people develop problem substance use

Question 15

How is information on local treatment and support services made available to different audiences at an ADP level (not at a service level)? Mark all that apply with an 'x'. [multiple choice]

	In person (e.g. at events, workshops, etc)	Leaflets / posters	Online (e.g. websites, social media, apps, etc.)
Non-native English speakers (English Second Language)			
People from minority ethnic groups			
People from religious groups			
People who are experiencing homelessness	X		
People who are LGBTQI+			
People who are pregnant or peri-natal	X		X
People who engage in transactional sex			
People with hearing impairments and/or visual impairments			
People with learning disabilities and literacy difficulties			
Veterans			
Women			

Question 16

Which of the following education or prevention activities were funded or supported[3] by the ADP? Mark all that apply with an 'x'.
[multiple choice]

	0-15 years (children)	16-24 years (young people)	25 years+ (adults)
Campaigns / information	X	X	X
Harm reduction services	X	X	X
Learning materials	X	X	X
Mental wellbeing	X	X	X
Peer-led interventions		X	X
Physical health	X	X	X
Planet Youth	X	X	X
Pregnancy & parenting	X	X	X
Youth activities	X	X	
Other (please specify)			

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[3] Note: 'supported' refers to where the ADP provides resources of some kind (separate from financial, which is covered by "funded"). This could take the form of knowledge exchange, staffing, the supply of materials (e.g. learning templates, lending them a physical location), etc.

Risk is reduced for people who use substances

Question 17

In which of the following settings are selected harm reduction initiatives delivered in your ADP area? Mark all that apply with an 'x'.
[multiple choice]

	Supply of naloxone	Hepatitis C testing	Injecting equipment provision	Wound care
Community pharmacies	X		X	X
Drug services (NHS, third sector, council)	X	X	X	X
Family support services	X			
General practices		X		X
Homelessness services	X	X	X	
Hospitals (incl. A&E, inpatient departments)		X		X
Justice services	X	X	X	X
Mental health services				
Mobile/outreach services	X	X	X	
Peer-led initiatives	X			
Prison	X	X	X	X
Sexual health services		X		
Women support services				
Young people's service				
None				
Other (please specify)				

Question 18

19a. Which of the following harm reduction interventions is there currently a demand for in your ADP area? (Either where the intervention is not currently provided or where demand exceeds current supply). Mark all that apply with an 'x'.
[multiple choice]

      Drug checking

   X Drug testing strips

      Heroin Assisted Treatment

      Safer drug consumption facility

      Safer inhalation pipe provision

      Safe supply of substances

      Other (please specify):

19b. Please provide details, e.g. scale of the demand.
[open text – maximum 500 characters]

While data is gathered which reflects currently available harm reduction interventions, the demand for options detailed above have been formally quantified. We'd welcome advice on how best to gather such information, and this may require additional resource. Informal observation by staff and collation of lived experince viewpoints suggest there would be demand for all of these, as robust harm reduction measures. Note - drug testing strips are available which is why we've selected this option.

People most at risk have access to treatment and recovery

Question 19

Which partners within your ADP area have documented pathways in place, or in development, to ensure people who experience a near-fatal overdose (NFO) are identified and offered support? Mark all that apply with an 'x'.
[multiple choice]

	NFO pathway in place	NFO pathway in development
Community recovery providers		X
Homeless services		X
Hospitals (including emergency departments)	X	X
Housing services		X
Mental health services		X
Police Scotland		X
Primary care		X
Prison		X
Scottish Ambulance Service	X	X
Scottish Fire & Rescue Service		
Specialist substance use treatment services		X
Third sector substance use services		X
Other (please specify)		third sector support services, criminal justice, housing, mental health. Criminal Justice Custody Suite

Question 20

Which, if any, of the following barriers to implementing NFO pathways exist in your ADP area? Mark all that apply with an 'x'.
[multiple choice]

X Further workforce training required

X Insufficient funds

X Issues around information sharing

   Lack of leadership

X Lack of ownership

X Workforce capacity

   None

Other (please specify):

Question 21

In what ways have you worked with justice partners[4]? Mark all that apply with an 'x'. [multiple choice]

Strategic level

X ADP representation on local Community Justice Partnership

Contributed to strategic planning

Coordinated activities between justice, health or social care partners

Data sharing

X Justice organisations represented on the ADP (e.g. COPFS, Police Scotland, local Community Justice Partnership, local Justice Social Work department, prison)

Provided advice and guidance

X Other (please specify): work in progress to support public protection COG with other justice partners

Operational level

Provided funding or staff for a specialist court (Drug, Alcohol, Problem Solving)

Raised awareness about community-based treatment options (partners involved in diversion from prosecution or treatment-based community orders)

X Supported staff training on drug or alcohol related issues

Other (please specify):

Service level
Funded or supported:

Navigators for people in the justice system who use drugs

Services for people transitioning out of custody

X Services in police custody suites

X Services in prisons or young offenders institutions

X Services specifically for Drug Treatment and Testing Orders (DTTOs)

Services specifically for people serving Community Payback Orders with a Drug or Alcohol Treatment Requirement

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[4] Note: 'justice partners' includes Community Justice Partnerships (CJPs), Justice Social Work departments, Prisons and Young Offender Institutes, Police, Crown Office and Procurator Fiscal Service (COPFS), Scottish Courts and Tribunals Service (SCTS), Sacro, and third sector organisations that specifically serve people involved with the criminal justice system.

Other (please specify):

Question 22

Which activities did your ADP support at each stage of the criminal justice system? Mark all that apply with an 'x'.
[multiple choice]

	Pre-arrest[5]	In police custody[6]	In courts[7]	In prison[8]	Upon release[9]
Advocacy or navigators		X	X	X	X
Alcohol interventions	X	X	X	X	X
Drug and alcohol use and treatment needs screening	X	X		X	X
Harm reduction inc. naloxone	X	X		X	X
Health education & life skills	X	X		X	X
Medically supervised detoxification		X		X	
Opioid Substitution Therapy	X	X		X	X
Psychosocial and mental health based interventions				X	
Psychological and mental health screening		X		X	
Recovery (e.g. café, community)	X			X	X
Referrals to drug and alcohol treatment services	X	X	X	X	X
Staff training	X	X		X	X
None					
Other (please specify)					

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[5] Pre-arrest: Services for police to refer people into without making an arrest.
[6] In police custody: Services available in police custody suites to people who have been arrested.
[7] In courts: Services delivered in collaboration with the courts (e.g. services only available through a specialist drug court, services only available to people on a DTTO).
[8] In prison: Services available to people in prisons or young offenders institutions in your area (if applicable).
[9] Upon release: Services aimed specifically at supporting people transitioning out of custody.

Question 23

24a. Does your ADP fund or support any residential services that are aimed at those in the justice system (who are who are subject to Community Payback Orders, Drug Treatment and Testing Orders, Supervised Release Orders and other relevant community orders)? Mark with an 'x'.
[single option]

      Yes

  X No

      Don't know

24b. If yes, please list the relevant services.
[open text – maximum 500 characters]

Question 24

24a. For individuals who have had a court order given to them in relation to their substance use, do you have testing services available in your ADP area[10]? Mark with an 'x'. [single option]

  X Yes

      No

      Don't know

24b. If yes, please describe the type of monitoring that takes place (e.g. sampling with handheld devices, spit tests, electronic monitoring) and who provides these services (e.g. private, third sector, statutory). [open text – maximum 500 characters].

Orasure saliva testing for DTTO Assessment. Urinalysis once an order is put in place.

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[10] We are including this question on behalf of Scottish Government Justice colleagues to better understand substance testing for orders and licences in Scotland.

People receive high quality treatment and recovery services

Question 25

What **screening options** are in place to address alcohol harms? Mark all that apply with an 'x'.
[multiple choice]

    Alcohol hospital liaison

X Arrangements for the delivery of alcohol brief interventions in all priority settings

X Arrangement of the delivery of alcohol brief interventions in non-priority settings

    Pathways for early detection of alcohol-related liver disease

    None

    Other (please specify):

Question 26

What **treatment options** are in place to address alcohol harms? Mark all that apply with an 'x'.
[multiple choice]

X Access to alcohol medication (e.g. Antabuse, Acamprase, etc.)

X Alcohol hospital liaison

X Alcohol related cognitive testing (e.g. for alcohol related brain damage)

X Community alcohol detox (including at-home)

X In-patient alcohol detox

    Pathways into mental health treatment

X Psychosocial counselling

X Residential rehabilitation

    None

    Other (please specify):

Question 27

27a. Which, if any, of the following barriers to residential rehabilitation exist in your ADP area? Mark all that apply with an 'x'.
[multiple choice]

      Availability of aftercare

   X Availability of detox services

   X Availability of stabilisation services

      Current models are not working

      Difficulty identifying all those who will benefit

      Further workforce training required

      Insufficient funds

      Insufficient staff

      Lack of awareness among potential clients

   X Lack of capacity

      Lack of specialist providers

      Scope to further improve/refine your own pathways

   X Waiting times

      None

      Other (please specify):

27b. What actions is your ADP taking to overcome these barriers to residential rehabilitation?
[open text – maximum 500 characters]

Additional 6 spaces are being created using Scottish Government funding, due to open later this year.

Question 28

28a. Have you made any revisions in your pathway to residential rehabilitation in the last year? Mark with an 'x'.
[single option]

   X No revisions or updates made in 2023/24

      Yes - Revised or updated in 2023/24 and this has been published

      Yes - Revised or updated in 2023/24 but not currently published

28b. If yes, please provide brief details of the changes made and the rationale for the changes.
[open text – maximum 500 characters]

Question 29

29a. Which, if any, of the following barriers to implementing MAT exist in your area? Mark all that apply with an 'x'.
[multiple choice]

X Accommodation challenges (e.g. appropriate physical spaces, premises, etc.)

X Availability of stabilisation services

　Difficulty identifying all those who will benefit

X Further workforce training is needed

X Geographical challenges (e.g. remote, rural, etc.)

X Insufficient funds

X Insufficient staff

X Lack of awareness among potential clients

X Lack of capacity

X Scope to further improve/refine your own pathways

X Waiting times

　None

　Other (please specify): We have had one year without waiting lists, however this has not continued recently, and waiting lists have had to be recommenced

29b. What actions is your ADP taking to overcome these barriers to implementing MAT in your ADP area?
[open text – maximum 500 characters]

Within service we will be looking at defining our criteria to ensure those most in need of service will be seen. We will be operating the 4 quadrant model to help people to be seen at the right place, at the right time, by the right person. Vacancies are being advertised in a timely manner although not all vacancies have applicants. We will complete a DCAQ exercise to look at flow and capacity

Question 30

Which of the following treatment and support services are in place specifically for **children and young people using alcohol and / or drugs**? Mark all that apply with an 'x'. [multiple choice]

	Up to 12 years (early years and primary)	13-15 years (secondary S1-4)	16-24 years (young people)
Alcohol-related medication (e.g. acamprosate, disulfiram, naltrexone, nalmefene)			
Diversionary activities	X	X	X
Employability support			X
Family support services	X	X	X
Information services	X	X	X
Justice services		X	X
Mental health services (including wellbeing)		X	X
Opioid Substitution Therapy			
Outreach/mobile (including school outreach)			
Recovery communities			
School outreach			
Support/discussion groups (including 1:1)			
Other (please specify)			

Question 31

Please list all recovery groups[11] in your ADP area that are funded or supported[12] by your ADP.
[open text – maximum 2,000 characters]

> 2 Family Support Groups,
> 2 Drug & Alcohol Forums (Skyle & Lochalsh and Caithness).
> 1 Caithness Mental Health Support Group,

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[11] 'Recovery group' includes any group that supports recovery and/or wellbeing in your local area. This could be local recovery cafés; peer support groups; wellbeing groups that support people affected by substance use; or more established recovery networks, hubs or organisations. If some of these are covered by umbrella groups, please list both.

[12] Note: 'supported' here refers to where ADP provides resources of some kind (separate from financial, which is covered by "funded"). This could take the form of knowledge exchange, staffing, the supply of materials (e.g. learning templates, lending them a physical location), etc.

7 active SMART Groups (+3 due to start shortly), 1 pilot Start SMART programme delivered by Action For Children.

Quality of life is improved by addressing multiple disadvantages

Question 32

Do you have specific treatment and support services in place for the following groups? Mark all that apply with an 'x'.
[multiple choice]

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

Question 33

33a. 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? Mark with an 'x'. [single choice]

X Yes

No

33b. Please provide details.
[open text – maximum 500 characters]

Draft copy of interface protocol for co-occurring mental health and drug use has been completed. Teams have been asked to identify individuals within case load who would fit this category to test protocol

Question 34

What arrangements are in place within your ADP area for people who present at substance use services with mental health concerns **for which they do not have a diagnosis**? Mark all that apply with an 'x'.
[multiple choice]

X Dual diagnosis teams

X Formal joint working protocols between mental health and substance use services specifically for people with mental health concerns for which they do not have a diagnosis

X Pathways for referral to mental health services or other multi-disciplinary teams

X Professional mental health staff within services (e.g. psychiatrists, community mental health nurses, etc)

None

Other (please specify):

Question 35

How do you as an ADP work with support services **not directly linked to substance use** (e.g. welfare advice, housing support, etc.) to address multiple disadvantages? Mark all that apply with an 'x'.
[multiple choice]

X By representation on strategic groups or topic-specific sub-groups

By representation on the ADP board

X Through partnership working

X Via provision of funding

Not applicable

Other (please specify):

Question 36

Which of the following activities are you aware of having been undertaken in ADP funded or supported[13] services to implement a trauma-informed approach? Mark all that apply with an 'x'.
[multiple choice]

      X Engaging with people with lived/living experience

      Engaging with third sector/community partners

      Provision of trauma-informed spaces/accommodation

      Recruiting staff

      X Training existing workforce

      Working group

      None

      Other (please specify):

Question 37

37a. Does your ADP area have specific referral pathways for people to access independent advocacy? Mark with an 'x'. [single option]

      X Yes

      No

      Don't know

37b. If yes, are these commissioned directly by the ADP? Mark with an 'x'.
[single option]

      X Yes

      No

      Don't know

---

[13] Note: 'supported' refers to where the ADP provides resources of some kind (separate from financial, which is covered by "funded"). This could take the form of knowledge exchange, staffing, the supply of materials (e.g. learning templates, lending them a physical location), etc.

Children, families and communities affected by substance use are supported

Question 38

Which of the following treatment and support services are in place for **children and young people affected by a parent's or carer's substance use**? Mark all that apply with an 'x'.
[multiple choice]

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

Question 39

Which of the following support services are in place **for adults** affected by **another person's substance use**? Mark all that apply with an 'x'.
[multiple choice]

X Advocacy

X Commissioned services

   Counselling

   One to one support

   Mental health support

X Naloxone training

X Support groups

X Training

   None

   Other (please specify):

Question 40

40a. 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? Mark with an 'x'.
[single option]

    X Yes

      No

      Don't know

40b. Please provide details of these activities and priorities for 2023/24.
[open text – maximum 500 characters]

> Planet Youth implementation is a whole family approach and being applied in some of our areas. Whole Family Wellbeing team will have a Drug & Alcohol post to support work soon, funded by the ADP.

Question 41

Which of the following services supporting Family Inclusive Practice or a Whole Family Approach are in place in your ADP area? Mark all that apply with an 'x'.
[multiple choice]

	Family member **in treatment**	Family member **not in treatment**
Advice	X	X
Advocacy		
Mentoring		
Peer support	X	
Personal development		
Social activities		
Support for victims of gender based violence and their families		
Youth services		
Other (please specify)		

Question 42

42a. Are any activities in your ADP area currently integrated with planned activity for the Whole Family Wellbeing Funding in your Children's Service's Planning Partnership area? Mark with an 'x'. [single option]

    X Yes

      No

      Don't know

42b. If yes, please provide details.
[open text – maximum 500 characters]

As Q40, a post is being funded by the ADP to support this work. Post will be recruited to soon.

Additional question

Question 43

Please list all services / organisations commissioned by your ADP during 2023/24 and the amount of funding provided for 2023/24. If the final year-end position is not yet known, please include the projected spend amount. For part-funding, please only include the amount contributed by your ADP.

Service / organisation name [open text]	Amount of funding provided £ [number]
NHSH DARS	422129.00
Crossreach	250000.00
DTTO, Highland Council	114998.00
Highland TSI	100000.00
Recovery Worker Training Programme	76407.00
Action for Children	75000.00
Whole Family Wellbeing	64000.00
Specialist Midwife, NHSH	62752.00
NES Project	62391.00
Development Officer, Highland Council	54651.00
Partners in Advocacy / Advocacy Highland	49900.00
Peer Research, SDF	49811.00
New Start	49448.00
Harm Reduction Officer, Police	48178.00
Housing First, Band 6 0.6wte, PFG	37719.00
Planet Youth	12000.00
SMART Recovery	10320.00
Moray Firth Radio	1719.00

Confirmation of sign-off

Question 44

Has your response been signed off at the following levels? [multiple choice]

    X ADP

    IJB

    Not signed off by IJB (please specify date of the next meeting in dd/mm/yyyy format):

Thank you

Thank you for taking the time to complete this survey, your response is highly valued. The results will be published in the 2023/24 ADP Annual Survey Official Statistics report, scheduled for publication in autumn 2024.

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

[End of survey]

HADP Strategy Group Development Plan

Following recommendations from the Report from Chair on feedback from 1-1 conversations (Agenda item 7.1 form 20th February 2024 meeting), improvements are planned as below. This is a working document.

Partnership Performance

Improvement:	Change Ideas and Actions:
Develop more rigour in performance measurement and reporting, particularly around the outcomes from HADP investment.	Test new Summary Report Test deep dive reporting to strategy group by outcome or theme
Enable openness and reporting on system pressures and service gaps, problem solve together and know where to escalate issues.	Include system pressures and service gaps in new summary report and in considering the MAT standards reports to the strategy group
Emphasise the importance of services that prevent harms and reduce service pressures.	Test cost consequence analysis for extended Custody Links project
Identify how to support vulnerable women better especially those in, or at risk of being in, the criminal justice system and affected by substance use	One of the toolkits in the National Collaborative's consultation on the human rights approach is for women and may be helpful to use Strengthen links with the Community Justice Partnership
With each area having its own needs/pressures, the next strategy should also be built up from the area level.	Identify local data available for the needs assessment
Undertake the Partnership Delivery Framework for Alcohol and Drug Partnerships.	Apply the self-assessment framework covering five quality standards provided by the Scottish Government, as good practice
Undertake strategic risk assessment and create a risk register with risk tolerance and mitigating actions.	Seek potential of support from Service Improvement
Produce a public facing annual performance report (requested by the CPP).	Discussion with Health Improvement Scotland for support to create a report that also aims to reduce stigma

Partnership Governance

Improvement:	Change Ideas and Actions:
Clarity is needed on the accountability arrangements for the HADP, with updates provided to each meeting of the strategy group;	Test new Summary Report Ensure all groups the HADP reports to are standing items for the strategy group agenda, i.e. the CPP Board, the HPPCOG and the ICSPB ICSLF

	Feedback awaited from NHS Highland Board on any further reporting requirements as the host Board for the HADP (following Board briefing in January 2024)
The purpose of the HADP needs to be reinforced as a strategic partnership, the development of a new strategy in 2024 will help with this;	Consider as part of strategy development
Finding a way to separate operational and strategic issues needs to be found with the right membership at both levels;	Consideration of SLWGs or Peer Practice Groups, linked with new strategy
A review of the approach to funding is needed to support the strategy and collaborative service design is needed. - Support on the commissioning options for HADP is required from NHSH as host organisation. An update of the progress to date is available for this meeting. - More attention is needed for new approaches to service design that joins services to make them reach people better. The toolkits included in the National Collaborative's consultation on a human rights approach may be helpful. - Further use of Quality Improvement methods should be supported, given the improvements seen e.g. in the Custody Health Team approaches. - Compliance with NHSH SFIs has been raised from 2023/24 year end approvals by the Finance Directorate. Clarity on next steps needed.	Seek support from NHS contracts and finance teams Consider National Collaborative in strategy development Improve knowledge, skills and application of QI

Stakeholder engagement and culture of working together

Improvement:	Change ideas:
Continue improvement of the involvement of people and families with lived and living experience, including testing ideas with families and individuals affected	Continue to work with SDF
Involve advocacy providers more and to grow the third sector and recovery communities especially outwith the Inner Moray Firth area.	Map existing recovery support options with support from SRC
Review HADP membership when operational and strategic roles are clarified	Consider with new strategy