

**Integrated Joint Board
17th November 2022**

Subject:	North Ayrshire Alcohol And Drug Partnership (ADP) Annual Report 2021-2022
Purpose:	To present the Alcohol and Drug Partnership's Annual Report.
Recommendation:	The Integration Joint Board is invited to Note the Annual Report, as attached as Appendix 1 to this report.

Glossary of Terms	
NHS AA	NHS Ayrshire and Arran
HSCP	Health and Social Care Partnership
NAADP	North Ayrshire Alcohol and Drug Partnership
ADP	Alcohol and Drug Partnership
DRD	Drug Related Deaths
ARD	Alcohol Related Deaths

1.	EXECUTIVE SUMMARY
1.1	This paper provides a summary of the NAADP annual report submitted to the Scottish Government. The full report (see attached) outlines NAADP's contribution to achieving the key outcomes and ministerial priorities.
1.2	The annual report identifies all sources of income that the ADP has received and details the monies spent to deliver the priorities set out in the ADP action plan. The current financial letters note the financial allocation to the ADP, as well as detailing the range of ministerial priorities and local and national outcomes to be achieved for the coming year.
1.3	<p>The report includes evidence and progress on the below priorities as outlined by Scottish Government :</p> <ol style="list-style-type: none"> 1. Local Prevention and Education programmes and activity. 2. Lived experience involvement and activities. 3. Local arrangements in relation to co occurring mental health and substance use pathways and interventions. 4. Reviewing arrangements of drug related deaths in North Ayrshire. 5. Activity and referral pathways to implement Whole Family Approach. 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. 6. Continued implementation of improvement activity at a local level based on the associated funding streams disbursed and outline of parameters of spend to achieve outcomes. 7. Partnership working and interventions with partners in Community justice and referral pathway for early interventions.

2.	BACKGROUND			
2.1	As part of the annual funding allocation from the Scottish Government all Alcohol and Drugs Partnerships are required to complete and submit an annual report to ensure progress and delivery outcomes against the set and agreed ministerial priorities.			
2.2	<u>Anticipated Outcomes</u>			
	None			
2.3	<u>Measuring Impact</u>			
	None			
3.	IMPLICATIONS			
Financial:		There are no financial implications directly arising from this report.		
Human Resources:		No implications		
Legal:		No implications		
Equality:		No implications		
Children and Young People		No implications		
Environmental & Sustainability:		No implications		
Key Priorities:		No implications		
Risk Implications:		No implications		
Community Benefits:		No implications		
Direction Required to Council, Health Board or Both		Direction to :-		
		1. No Direction Required		√
		2. North Ayrshire Council		
		3. NHS Ayrshire & Arran		
		4. North Ayrshire Council and NHS Ayrshire & Arran		
4.	CONSULTATION			
4.1	The completed ADP annual report was circulated to the ADP strategic management team for consultation.			
5.	CONCLUSION			
5.1	IJB are asked to note the ADP Annual Report.			

For more information please contact Billy Brotherston, Independent Chair North Ayrshire Alcohol and Drug Partnership or billybrotherston@north-ayrshire.gov.uk
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Appendix 1

ALCOHOL AND DRUG PARTNERSHIP ANNUAL REPORTING TO THE SCOTTISH GOVERNMENT 2021/22:

- I. Delivery progress
- II. Financial framework

This form is designed to capture your **progress during the financial year 2021/22** against the of the [Rights, Respect and Recovery strategy](#) including the Drug Deaths Task Force [emergency response paper and the Alcohol Framework 2018](#). This will not reflect the totality of your work but will cover those areas which you do not already report progress against through other processes, such as the MAT Standards.

We recognise that each ADP is on a journey of improvement and it is likely that further progress has been made since 2021/22. Please note that we have opted for a tick box approach for this annual review but want to emphasise that the options provided are for ease of completion and it is not expected that every ADP will have all options in place. We have also included open text questions where you can share details of progress in more detail. Please ensure all sections are fully completed. **You should include any additional information in each section that you feel relevant to any services affected by COVID-19.**

The data provided in this form will allow us to provide updates and assurance to Scottish Ministers around ADP delivery. We do not intend to publish the completed forms on our website but encourage ADPs to publish their own submissions as a part of their annual reports, in line with good governance and transparency. All data will be shared with PHS to inform drugs policy monitoring and evaluation, and excerpts and/or summary data from the submission may be used in published reports. It should also be noted that the data provided will be available on request under freedom of information regulations.

In submitting this completed Annual Reporting you are confirming that this partnership response has been signed off by your ADP, the ADP Chair and Integrated Authority Chief Officer.

The Scottish Government copy should be sent by **Friday 5 August 2022** to:
alcoholanddrugsupport@gov.scot

NAME OF ADP: NORTH AYRSHIRE

Key contact: Rosemary White
Name: Rosemary White
Job title: Lead Officer
Contact email: rosemarywhite@north-ayrshire.gov.uk

I. DELIVERY PROGRESS REPORT

1. Education and Prevention

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

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

- Leaflets/ take home information ☒
- Posters ☒
- Website/ social media ☒
- Apps/webchats ☒
- Events/workshops ☐ x
- Overdose awareness day and event on the low green and approves by police scotland with distancing
- Accessible formats (e.g. in different languages) ☒
- [Click or tap here to enter text.](#)
- Other ☒

Videos were produced by the NADARS service to promote and improve access. PEAR service also has promoted through Facebook in relation to Family Support.

A Pan Ayrshire approach to alcohol awareness day funded by the 3 ADP's resulted in a number of media campaigns including tailored videos, online promotion, promotion and messages through local radio and service user stories.

During Covid specific media campaigns highlighted the services still open to service users and the Addiction app updated with health messages about mental health awareness etc during this time.

Our partners in communities and voluntary services promote a range of information and support services across NA in their weekly bulletin and SLACK engagement platform.

1.2 Please provide details of any specific education or prevention campaigns or activities carried out during 2021/22 (E.g. Count 14 / specific communication with people who alcohol / drugs and/or at risk).

Campaign theme	International	National	Local
General Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overdose Awareness	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Seasonal Campaigns	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Mental Health	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Communities	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Criminal Justice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Youth	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Anti-social behaviour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reducing Stigma	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Sexual Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Please specify...			

ADP jointly funded training with CJ partners, the Three Sisters charity delivered training in neurodivergence in relation to criminal justice and substance use individuals. A range of staff attended the training and found it beneficial.

There has been initial consultation and liaison with school's teams, young people and planned coproduction of materials for secondary schools in podcast form for next year.

Once lockdown eased, in-person visits across a range of local community and charity partners (round table and invitation discussion) e.g., college, community cafes, sports and school club organisers. Support for International Overdose Awareness Day public event with partner information/naloxone training and a small event to recognise the passing of loved ones. The PSST team consistently promote education in relation to alcohol and drugs and have produced new training and materials in relation to alcohol spiking. They also promote the education and training in relation to local drug patterns and trends and these training and information sessions are available to all those in contact with individuals with alcohol and drug problems. Campus and Locality officers have access to a number of up-to-date bespoke training inputs and materials specifically targeted to raise awareness amongst young persons in education and our communities. Opportunistic action in providing advice and education is provided by the PEAR volunteer outreach team, when these inputs are delivered, they can signpost to partner's supports and services as required. The PEAR service links with Police Scotland Patrols in Irvine/ Kilwinning and our peers patrol with police, speaking to individuals about support available in the community this helps also helps break down stigma/ barriers. We attend local community run groups – Redburn Community centre, Dalry & Saltcoats Care Share, offering advice and information of alcohol and other drugs.

1.3 Please provide details on education and prevention measures/ services/ projects provided during the year 2021/22, specifically around drugs and alcohol (select all that apply).

Teaching materials	<input checked="" type="checkbox"/>	
Youth Worker materials/training	<input type="checkbox"/>	
Promotion of naloxone	<input type="checkbox"/>	
Peer-led interventions	<input checked="" type="checkbox"/>	
Stigma reduction	<input checked="" type="checkbox"/>	
Counselling services	<input type="checkbox"/>	
Information services	<input type="checkbox"/>	
Wellbeing services	<input type="checkbox"/>	
Youth activities (e.g. sports, art)	<input checked="" type="checkbox"/>	
Other	<input type="checkbox"/>	Please provide details...

The NAADP has worked in partnership with education in relation to the Health and Wellbeing Curriculum in schools to provide the PASS programme. We worked in conjunction with the Youth Executive to produce the DASH project which was a series of information videos for young people and covered a wide range of topics in relation to alcohol and drugs. There was then a wider consultation which the ADP participated with the Youth Executive in as regards education, myths and what young people would like to be involved in and their views on peer support. This will be taken forward next year.

The Prevention and Service Support Team (PSST) provides a wide range of education and training initiatives which focus on improving awareness, competence and knowledge of those affected by alcohol and drug use, and those working in the field. The PSST addictions training calendar, and bespoke training service features options for virtual and face-to-face course delivery. The team deliver Overdose Awareness, Naloxone awareness and Training for Trainer sessions. The team is actively involved in local and national initiatives to promote topics such as overdose awareness, mental health, sexual health and stigma.

The PEAR service delivered the following :

Provided information sessions on alcohol & drug awareness to Irvine Rugby club as part of mental health awareness, facilitated alcohol and drug awareness sessions to Arran High school as part of Wellbeing Week, facilitated naloxone training to Aberlour Sustainability service,

Campus Officers have access to teaching inputs and materials specifically designed to raise awareness amongst young people in our communities and with officer's remit widened to include feeder schools an opportunity to positively engage at with younger age group is available. Community Wellbeing Unit is active within North Ayrshire and similarly engaging with community members of all ages and wider partners in support of local officers. CWU are engaging in joint visits along with NHS staff to those vulnerable community members who are identified as repeat non-fatal overdose risk, with the aim to support/direct them away from risk of drugs overdose. Family members of those vulnerable community members are also the focus of support via the CWU officers. Officers are aware of need to utilise appropriate language when engaging within communities and when compiling reports shared with partners.

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

Formal setting such as schools ☒

Youth Groups ☒

Community Learning and Development ☐

Via Community/third Sector partners or services ☐

Online or by telephone ☐

Other ☐ The Alcohol and Drug Liaison Officer within the PSST team is based within Ayrshire College and delivers workshops on campus to students and staff and provides 1 to 1 student support interventions. During the Covid 19 pandemic the PSST training calendar was adapted to deliver training virtually via Microsoft Teams. A number of youth groups are also supported with the delivery of alcohol and drug awareness sessions. The Alcohol Liaison and staff working within the Non-Fatal Drug Overdose Pathway have provided a range of training and educational sessions to staff within the acute general hospital sites to ensure that staff are equipped, skilled and knowledgeable to provide support and intervention to individuals presenting to unscheduled care at the general hospital and make onwards referral to the team where appropriate.

1.5 Was the ADP represented at the alcohol Licensing Forum?

Yes ☐

No ☒

There has been no Licensing Forum for some time and communications have continued and send appropriate document's which can be passed on to the board or the Forum should it become established again. I check 6 monthly re any progress and highlight my need to be involved. I believe there are issues in attracting a chair for the forum.

1.6 What proportion of license applications does Public Health review and advise the Board on?

All ☒

Most ☐

Some ☐

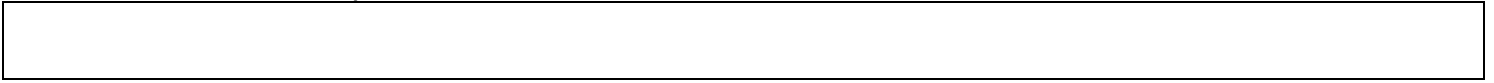
None ☐

1.7 If you would like to add any additional details in response to the questions in this section on Education and Prevention, please provide them below (max 600 words).

Following on from Research carried out on the island a successful appointment of a Drug and Alcohol Worker on the Isle of Arran to support individuals and communities has been

agreed. This post will provide a vital link to prevention and education work on the island and ensure the work on the mainland is duplicated when it comes to campaigns and specific drivers and focus of work.

The Locality Teams have re-introduced the bottle marking scheme amongst licensed premises allowing more targeted patrols and proactive actions with partners to problematic premises or areas identified. Campus officers remit widened to include feeder primary schools which is an excellent opportunity to engage positively with younger people in our communities and provide education and awareness.



2. Treatment and Recovery

2.1 What treatment or screening options were in place to address alcohol harms? *(select all that apply)*

Fibro scanning	<input type="checkbox"/>
Alcohol related cognitive screening (e.g. for ARBD)	<input checked="" type="checkbox"/>
Community alcohol detox	<input checked="" type="checkbox"/>
Inpatient alcohol detox	<input checked="" type="checkbox"/>
Alcohol hospital liaison	<input checked="" type="checkbox"/>
Access to alcohol medication (Antabuse, Acamprase etc.)	<input checked="" type="checkbox"/>
Arrangements for the delivery of alcohol brief interventions in all priority settings	<input checked="" type="checkbox"/>
Arrangements of the delivery of ABIs in non-priority settings	<input checked="" type="checkbox"/>
Psychosocial counselling	<input checked="" type="checkbox"/>
Other	<input type="checkbox"/> Click or tap here to enter text.

PEAR service have a pathway with Ward 5 to support individuals upon discharge for 7 days we then link with NADARS to establish what support is required and create a plan for after the 7 days. We work in Partnership with NADARS to ensure everyone is receiving the most appropriate support to their needs.

Ayrshire Assessment Management of Alcohol Withdrawal Syndrome Withdrawal (Glasgow Modified Withdrawal Scale/ Audit PC) is used within services and may be used through the alcohol liaison pathway



2.2 Please indicate which of the following approaches services used to involve lived experience / family members (*select all that apply*).

For people with lived experience:

- | | | |
|--------------------------------------|--------------------------|--|
| Feedback / complaints process | <input type="checkbox"/> | |
| Questionnaires / surveys | <input type="checkbox"/> | |
| Focus groups / panels | <input type="checkbox"/> | |
| Lived experience group / forum | <input type="checkbox"/> | |
| Board Representation within services | <input type="checkbox"/> | |
| Board Representation at ADP | <input type="checkbox"/> | |
| Other | <input type="checkbox"/> | Community Wellbeing Unit working with persons with lived experience who are assisting and enhancing positive engagement in communities |

For family members:

- | | | |
|--------------------------------------|-------------------------------------|---------------------------|
| Feedback/ complaints process | <input type="checkbox"/> | |
| Questionnaires/ surveys | <input type="checkbox"/> | |
| Focus groups / panels | <input type="checkbox"/> | |
| Lived experience group/ forum | <input type="checkbox"/> | |
| Board Representation within services | <input type="checkbox"/> | |
| Board Representation at ADP | <input type="checkbox"/> | |
| Other | <input checked="" type="checkbox"/> | Please provide details... |

Helping Hands Recovery held an open day with families, relatives and lived experience, prior to set up to ensure voices and needs were considered and met. This was expanded with lived experience taking on roles in the group building confidence and self-esteem. PEAR service offers a support group for families on a monthly basis as well as provision of one-to-one support.

2.3 How do you respond to feedback received from people with lived experience, including that of family members? (max 300 words)

Within the NADARS service a rolling programme is in place which allows individuals who engage with locality teams to comment on their experience of using the service. This can be in the form of questionnaires/surveys and focus groups. This also includes family/carers and those with lived experience within recovery and community groups. Feedback is collated and recommendations are captured in an improvement plan, these are reported within the "You said, we did" format. Any improvements are highlighted within a local improvement plan to evidence and implement actions effectively.

The NAADP has supported surveys in relation to the views and development of recovery and services in NA, in particular last year our Residential Rehabilitation survey to ensure the views of the community were known and part of our development. The NAADP commissioned 3rd sector has within a remit to support families and regularly seeks their views, they also facilitated a Facebook page in terms of family support and views can be freely voiced within that platform. The NAADP also has a Community Recovery Forum, and they have members of the community who have lived experience on the forum, so feedback is direct through to the ADP.

Wider community support services encourage people to share their views and feedback with them. There would be consideration of all feedback and then take suggestions / comments on board and change / alter how services share information or provide services for people in our communities. We then ensure we share an update on any changes made and for any suggestions / areas we cannot change, we explain the reason why. The Executive Director of the 3rd sector sits on our subgroups and SMT and can provide us with feedback but also ensure dissemination of information and initiatives. During the delivery of Helping Hands Recovery group events the group held meetings every three months to discuss aims and objectives. Steering groups were put in place on a 6-week basis to discuss views, development, roles and responsibilities of those with lived experience.

PEAR service actively ask group members for feedback on how groups go/ what they want/ like/ don't like and how we can improve the service and carry out exit questionnaires.

2.4 Please can you set out the areas of delivery where you had effective arrangements in place to involve people with lived experience?

Planning, I.E. prioritisation and funding decisions



Implementation, I.E. commissioning process, service design



Scrutiny, I.E. Monitoring and Evaluation of services



Other



Please provide details...

Please give details of any challenges (max 300 words)

The NAADP conducted a residential rehabilitation survey to ensure the views of the community, service users, and staff (which includes those with lived experience) were sought to assist in developing our pathway to residential. The Participatory Budgeting event this year was for Whole Families Approach and those with Lived Experience was part of the planning and the panel who were able to determine the funding going forward. The recovery community group, Helping Hands, included community, family, relatives, lived experience as part of the process of delivering their event. The focus of the groups and the inclusion of external services to deliver workshops and training was based on the needs of the service users. TPS offer groups to family and relatives, offering an opportunity for their voices to be heard.

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

- a) Yes ☒
No ☐

b) If yes, please select all that apply:

- Peer support / mentoring ☒
Community / Recovery cafes ☒

Naloxone distribution ☒

- Psychosocial counselling ☐
Job Skills support ☒
Other ☒ Please provide details...

The ADP fund the PEAR (TPS) volunteer programme, this is set up for individuals with lived experience to engage with individuals in the community to promote and distribute Naloxone and connect with individuals struggling with alcohol and drug issues in the community. The funding also extends to the paid pathway for volunteers with lived experience to move on to paid sessional employment within the service. The service has successfully employed 4 staff through this, 2 moved to full time and 2 to fixed term contracts. The funding through our contracts for this commissioned service also stipulates that a third of the workforce must be those with LE.

The Scottish Government funding has allowed us to employ an individual with lived experience into an advocacy post within an advocacy service and there are 2 community workers with LE who work in local community hubs to address alcohol and drug who work in partnership with ourselves. The NADARS service also employs 5 individuals within their service who have lived experience. The Navigators post within Crosshouse Hospital also employ those with LE and they connect closely to all community services. The ADP has funded Recovery cafes and have a successful pathway for those in services or identified in the community who are in recovery to then volunteer in the cafes, this has been successful in Irvine and Kilbirnie.

The ADP has funded the Eglinton Community Gardens since its inception and those with LE can volunteer to be trained then in groundwork and receive certificates in Ground Maintenance, through this work it also provides a volunteer path through the Rangers service also.

There are a number of volunteering opportunities through the 3rd sector interface.

2.6 Which of these settings offered the following to the public during 2021/22? (select all that apply)

Setting:	Supply Naloxone	Hep C Testing	IEP Provision	Wound care
Drug services Council	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drug Services NHS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Drug services 3rd Sector	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Homelessness services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Peer-led initiatives	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community pharmacies	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GPs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A&E Departments	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Women's support services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family support services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Justice services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mobile / outreach services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other ... <i>(please detail)</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Mental Health Unscheduled Care Service – Alcohol and Drug Liaison Team				

2.7 What protocols are in place to support people with co-occurring drug use and mental health difficulties to receive mental health care? (max 300 words)

Within the statutory NADARS there are clear internal pathways of support available for clients with additional mental health support needs . Additionally, there is a clear Care Pathway Framework in place across our alcohol and drug services, community mental health services and the crisis resolution team – for the immediate and routine support of any individual with coexisting mental health and alcohol and/or drug issues.

Is mental health support routinely available for people who use drugs or alcohol but do not have a dual diagnosis (e.g. mood disorders)?

Yes ☒
No ☐

This is a central element to the support that the statutory service (NADARS) offers. The NADARS offers a multi-disciplinary team approach including, but not limited to, Consultant Psychiatrists, Speciality Doctor, Advanced Nurse Practitioners (RMNs), pharmacist and GP prescribers to non-medical prescribers (RMNs). In addition, the NADARS staff group comprises of RMNs, Community Addiction Workers, Social Workers, Support Workers, OTs, and Peer Workers amongst others. The NADARS staff work within an overarching model that routinely offer mental health support and support for an individual's alcohol and/or drug use. This support has also been incorporated into the services MAT delivery response. In addition, local community mental health services support individuals with alcohol and drug use. All services work within a trauma informed approach. Within the community setting individuals can be referred to the Penumbra service in terms of suicide prevention but also in relation to distress brief Interventions . The PEAR service provides support for mental health issues for those attending as does the CASST young people's service and would refer on to appropriate service's when appropriate /liaise with GP, CAHMS etc. The PSST team also provide training in relation to mental health and substance use specifically and is open to all statutory, community and 3rd sector services. The alcohol and drug liaison services within Crosshouse have pathways in place for those presenting with mental health issues and follow up in the community as do the Navigator services who would also refer in, all services would identify any adult protection concerns also in relation to mental health .

2.8 Please describe your local arrangements with mental health services to enable support for people with co-occurring drug use and mental health (max 300 words)

All partnership police officers have ability to contact Mental Health Crisis Team 24/7 to ensure officers take appropriate actions with guidance from professionals best placed to assess individual needs. All persons taken into police custody are assessed re mental health/drug/alcohol issues and with assistance of specialist GP's can be better cared for whilst with police and appropriately signposted on release. Any person police have contact with can have vulnerabilities highlighted to appropriate partners including Mental Health Services, NADARS etc. Vulnerable Person Database entry is made, this can be shared appropriately through well-established pathways. All persons taken into police custody are

assessed re mental health/drug/alcohol issues and with assistance of specialist GP's and can be better cared for whilst with police and appropriately signposted on release. Turning Point also engaged with Police Custody Centre's and can attend if any early intervention work is suitable/appropriate. The Alcohol and Drug Liaison Team are part of Mental Health Unscheduled Care Service. The nursing staff are Mental Health Registered Nurses. The team works in partnership with Adult and Elderly Liaison teams. They are able to refer to locality teams if they feel that this is indicated. The pathway for young people requires to be revisited in light of the SG drug death task force recommendations to scope current practice, gaps from transition to adult services and current responses.

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

Yes ☒
No ☐

2.10 Please provide a short description of the recovery communities in your area during the year 2021/22 and how they have been supported (max 300 words)

As previous the cafes have been supported through funding and the direct support from the ADP funded community link worker, support from this worker ensures they are also supported and linked into wider recovery options. The local Helping Hands group has been established and funding provided by the ADP and links made with Scottish Recovery Consortium to assist in more long-term planning for the group. The PEAR service has established SMART recovery groups in outlying areas. We have funded a football project to provide "extra time " for those with mental health issues to attend football but receive support for any issues they might have. Informal and formal recovery communities were visited by ADP staff at Turning Point and Vineburgh Community Centre, alongside community café staff. Also, in person visits/discussions to Grub N Gospel, Teen Challenge, Freedom Fighters rep, and others consolidated 'in life' discussions after lockdown. ADP staff have engaged directly with volunteers and group members both formally and informally to build relationships and encourage joint working. This informal discussion has led to better awareness of key themes. Engagement with some community members on PB process was initiated, should volunteers for panel and discussion wish to be involved in future, communication is established. More formally, associate membership of COLEG has been achieved and ongoing work with Scottish Recovery Consortium and event locally, work ongoing to form an independent panel. MAT standard interviewers training took place, but some were withdrawn/moved on. The engagement also provides closer work between core ADP and LLE individuals as desired. Training across the ADP partners in CRAFT, advocacy and human rights approaches also engaged volunteers alongside staff. We should aim to continue to support recovery communities with a range of support including financial assistance, capacity building and relationship building with other like-minded groups and organisations.

2.11 What proportion of services have adopted a [trauma-informed approach](#) during 2021/22?

All services ☐
The majority of services ☒
Some services ☐
No services ☐

Please provide a summary of progress (max 300 words)

There is trauma informed training through local authority, NHS, SDF and in house through 3rd sector and online through ACES Aware Nation and other providers for free. The above question suggests only an approach and not training, and it is believed that in statutory services all staff would be aware of the approach and a good level trained, I believe this would be the same for 3rd sector partners. The

approach has been consistently discussed at subgroups of the ADP and training was highlighted regarding online for community members . The NADARS service has trained psychologists who will routinely train and coach staff in a range of trauma informed approaches.

Trauma Informed approach has been adopted across Police Scotland and is particularly highlighted with formation of Community Wellbeing Unit and continued commitment from Police Scotland to having Campus officers in Academies as well widening of Campus Officer remit to include feeder primary schools.

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

Alcohol harms group	<input type="checkbox"/>
Alcohol death audits (work being supported by AFS)	<input type="checkbox"/>
Drug death review group	<input checked="" type="checkbox"/>
Drug trend monitoring group / Early Warning System	<input checked="" type="checkbox"/>

Other ☒ The Pan Ayrshire Chairs and Leads Group has drug death prevention focus every quarter where we collectively look at the local reports to review and discuss actions.

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

Our statutory partnership Alcohol and Drug Services conduct a local review as a minimum on every unexpected death of a current service user or an individual recently discharged (this will include individuals with alcohol and drug related harms). A robust process is in place within North Ayrshire Drug and Alcohol Services (NADARS) which sets out to improve the local approach to handling adverse events. This local process demonstrates the actions required to effectively identify, report, review and learn from adverse events across North Ayrshire.

2.14 Please provide a summary of arrangements which are in place to carry out reviews on drug related deaths, how lessons learned are built into practice, and if there is any oversight of these reviews from Chief Officers for Public Protection. (max 300 words)

Our statutory partnership Alcohol and Drug Services conduct a local review as a minimum on every unexpected death of a current service user or an individual recently discharged (this will include individuals with alcohol and drug related harms). A robust process is in place within North Ayrshire Drug and Alcohol Services (NADARS) which sets out to improve the local approach to handling adverse events. This local process demonstrates the actions required to effectively identify, report, review and learn from adverse events across North Ayrshire.

All data and information is provided in an update through the Quality Assurance Group, Chief Officers Group, Integrated Joint Board, should there be any concerns as to gaps. practice, partnership working this would follow through to being highlighted by health colleagues through their processes and provide the information required.

2.15 If you would like to add any additional details in response to the questions in this section on Treatment and Recovery, please provide them below (max 300 words).

[Click or tap here to enter text.](#)

The voice of lived experience continues to be required in all forums to ensure that the needs of the community have been considered. This is a challenge as those with lived

experience are often still chaotic and find it challenging to live by structure after many years of being chaotic. The language and approach need to be in a manner that is non-threatening and considers a range of approaches in terms of inclusion.

The Community Recovery Forum have had fluctuations in their membership in relation to retaining members with lived experience. If they attend the group, they struggle to find their voice or share their views. Face to face meetings and pre meetings with only lived experience can offer more security and build a sense of confidence where a spokesperson can feedback the views of the collective.

The creation of a LE panel and support will go some way towards enabling a more focussed group.

The Mental Health Unscheduled Care received money to further develop and implement the established Non- Fatal Drug Overdose responding to individuals attending acute hospitals with drug/mental health related problems providing assessment, interventions and signposting the assessing nurse had the opportunity to refer into community services for next day response with aim of reducing sudden deaths related to drug use.

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3. Getting it Right for Children, Young People and Families

3.1 Did you have specific treatment and support services for children and young people (under the age of 25) with alcohol and/or drugs problems?

- a) Yes ☒
No ☐

b) If yes, please select all that apply below:

Setting:	0-5	6-12	12-16	16+
Community pharmacies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diversionsary Activities	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Third Sector services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Family support services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Mental health services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ORT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recovery Communities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Justice services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mobile / outreach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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3.2 Did you have specific treatment and support services for children and young people (under the age of 25) affected by alcohol and/or drug problems of a parent / carer or other adult?

- a) Yes ☒
No ☐

b) If yes, please select all that apply below:

Setting:	0-5	6-12	12-16	16+
Support/discussion groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diversionsary Activities	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
School outreach	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Carer support	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Family support services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Mental health services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Information services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mobile / outreach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Please provide details...				

Through Early and Effective Intervention multi-agency partnership working, we consider the best course of action: to get the right service to the right person at the right time. Through early identification and risk assessment our interventions are tailor made to address risk taking behaviours as well as welfare needs. This model of approach ensures that alcohol or drug issues as a young person as a carer or who is experiencing problems through alcohol or drugs are identified in a timely manner.

In terms of advancing the Whole System's Approach to include 18–21-year-olds, the youth justice team has a dedicated social worker whose remit is to work with 18–21-year-olds within the justice system. We work in partnership with our Throughcare/Aftercare Team to

advance even further and offer a service to those older young adults with care experience up until the age of 26 and links with the young persons substance use team and NADARS are made when issues identified.

The CASST team are the specialist alcohol and drug young person's team who provide support to children and young people affected by others, or their own alcohol and drug use. The age range is from 6 years to 21years.

3.3 Does the ADP feed into/ contribute toward the integrated children's service plan?

Yes ☒
No ☐

Please provide details on how priorities are reflected in children's service planning e.g. collaborating with the children's partnership or the child protection committee? (max 300 words)

The ADP has membership on the Child Protection Committee and also on the Chief Officers Group from the Independent chair which enables cross cutting issues, practice and policies can be discussed to reduce harm. The partners are active on our Children and Families Affected by Substances(CAFAS) group (chaired by Senior Officer , Child Families and justice) also and provide updates to all partners and take part in the shaping of the strategy, local initiatives and the implementation plan, which in turn mirrors their delivery and priorities for the year. The CAFAS group also has an operational forum for workers involved in supporting those who work in children and families and substance use and provides another vehicle for initiatives, good working practice to come from. The CPC partners are all part of development days that take place, again shaping work to meet needs and we in turn are part of theirs within the year. In terms of families and young children affected by substance use the CPC give regular statistical updates on trends of those children and young people affected by substances and patterns in relation to the register, this assists in joint analysis and any further work required to explore. There are members of the CPC on the SMT for the ADP and again are able to provide input in relation to work being carried out and funding opportunities that jointly might be available or require consideration

3.4 How did services for children and young people, with alcohol and/or drugs problems, change in the 2021/22 financial year?

Improved ☒
Stayed the same ☐
Scaled back ☐
No longer in place ☐

3.5 How did services for children and young people, affected by alcohol and/or drug problems of a parent / carer or other adult, change in the 2021/22 financial year?

Improved ☒
Stayed the same ☐
Scaled back ☐
No longer in place ☐

3.6 Did the ADP have specific support services for adult family members?

a) Yes ☒
No ☐

b) If yes, please select all that apply below:

Signposting	<input checked="" type="checkbox"/>	
One to One support	<input checked="" type="checkbox"/>	
Support groups	<input checked="" type="checkbox"/>	
Counselling	<input type="checkbox"/>	
Commissioned services	<input checked="" type="checkbox"/>	
Naloxone Training	<input checked="" type="checkbox"/>	
Other	<input type="checkbox"/>	Please provide details...



3.7 How did services for adult family members change in the 2021/22 financial year?

- Improved ☒
- Stayed the same ☐
- Scaled back ☐
- No longer in place ☐

3.8 The Whole Family Approach/Family Inclusive Framework sets out our expectations for ADPs in relation to family support. Have you carried out a recent audit of your existing family provision?

a) If yes, please answer the following:

Last year SG provided an additional £3.5m to support the implementation of the framework. Please provide a breakdown and a narrative of how this was used in your area. (max 300 words)

A Youth Navigator post to provide liaison between NADARS, CAMHs, Education, Community Justice and wider community supports in relation to substance use and other needs at any level, to bridge the gap between adult and young people's services. We need to better understand the needs of young people in the community and work with them tailored to their needs at point of contact.

The ADP will fund for a period of 2 years, a pilot a women's recovery worker to provide support and outreach in relation to those also experiencing substance use issues and impacted by alcohol drug use or that of others. This worker will provide liaison between NADARS, PEAR and wider community supports in relation to substance use at any level ie prescription and OTC

Provide a link worker to the MAT standards in relation to reducing stigma and improving access and the post will also ensure that those identified within services are linked quickly to a worker who has a lived experience and knowledge of services and treatment in alcohol and drug support systems.

The ADP has funded Children and Families Services with a Recovery development Worker and a Social work Assistant within the main ACCESS referral team to social work, these workers will enable services to provide an early intervention programme which will include linked funding to Barnardo's to provide input with children and young people at points of crises and referral in terms of alcohol and drugs support. It will enable a lengthier time of involvement from supportive services and a period of follow. The ADP is funding a family support post specifically to provide capacity within our 3rd sector commissioned service, however the tender is due out and this reconfiguration will provide an enhanced provision to families in NA but funding cannot be used until next year in line with the reconfigured service. The funds are being used to fund the matched input to a Corra bid from Barnardo's (referred to above and also a one-year pilot involving Children 1st and support in terms of the rehabilitation pathway but more focussed family work within the core alcohol and drug services.

Please detail any additional information on your progress in implementing the framework in 2020/21 (max 300 words)

[Click or tap here to enter text.](#)

b) If no, when do you plan to do this?

[Click or tap here to enter text.](#)

3.9 Did the ADP area provide any of the following adult services to support family-inclusive practice? (select all that apply)

Services:	Family member in treatment	Family member not in treatment
Advice	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Mutual aid	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Mentoring	<input type="checkbox"/>	<input type="checkbox"/>
Social Activities	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Personal Development	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Advocacy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Support for victims of gender based violence	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Other ☐ ☐

The PEAR service provides a whole family approach, and we encourage all service users to have family involvement in their support as well as providing support to the family in their own right. We were successful in our application from the ADP PB funding to create arts-based project based within Eglinton Gardens for families and children to explore and express their journey through addiction in a whole family approach, to raise awareness within the community.

We have funding in place with our colleagues from Children 1st and Barnardo's and work closely, the ADP has funded CRAFT training to staff, Naloxone, Neurodivergence training and they have also been part of the "Life Hacks" work carried out and led by National Galleries for Scotland and Children and Families with the ADP being part of the funding application which is a second phase of the partnership moving forward. The ADP and Children and Families worked with Impact Arts to apply for successful funding through Corra in relation to children, young people and families which will be rolled out next year, this enables families to express themselves in alternative ways in relation to emotions and trauma.

The ADP funded another successful Participatory Budget event and this year it was in relation to Whole Family Approach, we have funded 4 projects at £10,000 over 2 years to deliver initiatives. The ADP has also funded a Women's Aid post last year and the post will be active for 2 years to bridge the gap of referrals to and fro. The evaluation of this post will be essential to improving pathways.

4. A Public Health Approach to Justice

4.1 If you have a prison in your area, were satisfactory arrangements in place, and executed properly, to ensure ALL prisoners who are identified as at risk were provided with naloxone on liberation?

Yes ☐

No ☐

No prison in ADP area ☒

Please provide details on how effective the arrangements were in making this happen (max 300 words)
[Click or tap here to enter text.](#)

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

Information sharing	<input type="checkbox"/>
Providing advice/ guidance	<input type="checkbox"/>
Coordinating activities	<input type="checkbox"/>
Joint funding of activities	<input type="checkbox"/>
Access is available to non-fatal overdose pathways upon release	<input type="checkbox"/>

Other ☐ Please provide details

During 2021-22, Justice Social Work Services staff have ensured those on statutory licence or Community Payback Orders – including those with Supervision Requirement, Alcohol or Drug Treatment Requirement, Unpaid Work Requirement, Programme Requirement, such as Caledonian and Moving Forward: Making Changes - are signposted to appropriate ADP commissioned recovery services for support as part of the Case Management Plan where there are alcohol or drug issues.

The Diversion from Prosecution Service overseen by The Ayrshire Justice Services Partnership has worked in partnership with the Crown Service to identify those with alcohol/drug issues who are suitable to be diverted from the Justice System, placing an emphasis on providing direct support or signposting to ADP commissioned recovery services where appropriate. The service has seen a large increase in referrals during the past year and staff are working hard to provide support to both increase recovery outcomes, e.g., Alcohol Education Programme, and reduce the risk of reoffending.

The Drug Treatment & Testing Order Service has worked intensively with individuals with a long history of illicit substance use and offending, working in partnership with ADP commissioned recovery services to monitor Medication Assisted Treatment needs and provide support with lifestyle changes to increase recovery outcomes and reduce reoffending. Supported by the ADP, the Ayrshire Justice Services Partnership was successful in achieving Corra Grant Funding for the addition of 2 Peer Recovery Workers for the service, and they will

provide support to engage in recovery activities and peer groups, as well as supporting general recovery outcomes.

The Justice Services peer support group – Making a Difference (MAD) – is linked in with the ADP Community Recovery Forum and information sharing on activities/support available is a 2-way process.

During 2021-22, Justice Services staff across all sections undertook bespoke Naloxone training provided by the Prevention & Service Support Team and have been provided with kits for personal and office use. Several staff undertook the Training for Trainers module and have been providing training to both staff and individuals using the service.

4.3 Has the ADP contributed toward community justice strategic plans (e.g. diversion from justice) in the following ways? *(select all that apply)*

- Information sharing ☒
- Providing advice/ guidance ☐
- Coordinating activities ☒
- Joint funding of activities ☐
- Other ☐ Please provide details

The ADP works in collaboration with Community Justice Ayrshire with recovery from alcohol and drugs highlighted within strategic planning and meeting at key groups.

Police Scotland submit Vulnerable Persons Database entries regards any vulnerable persons identified and information is shared through well tested process and pathway. Police Scotland also attend regular Case Conference with partners to support vulnerable persons identified and assists developing strategies to ensure all feel safe living in our communities.

4.4 What pathways, protocols and arrangements were in place for individuals with alcohol and drug treatment needs at the following points in the criminal justice pathway? Please also include any support for families.

a) Upon arrest (please select all that apply)

Please provide details on what was in place and how well this was executed.....

- Diversion From Prosecution ☒
- Exercise and fitness activities ☒
- Peer workers ☒
- Community workers ☐
- Other ☐ Please provide details...

The Diversion from Prosecution Service overseen by The Ayrshire Justice Services Partnership has worked in partnership with the Crown Service to identify those with alcohol/drug issues who are suitable to be diverted from the Justice System, placing an emphasis on providing direct support or signposting to recovery services where appropriate.

Funded by the Alcohol and Drug Partnership, the custody alcohol and drug referral pathway is made to our PEAR service and as the service is a short walk away from the custody suite encouraged to drop in to the morning breakfast upon release.

All persons taken into police custody are assessed re mental health/drug/alcohol issues and with assistance of specialist GP's and can be better cared for whilst with police and appropriately signposted on release. Turning Point also engaged with Police Custody Centre's and can attend if any early intervention work is suitable/appropriate.

b) Upon release from prison (please select all that apply)

Please provide details on what was in place and how well this was executed.....

- Diversion From Prosecution ☐

Exercise and fitness activities



Peer workers



Community workers



Naloxone



Other



Please provide details...

Individuals who are released from prison, already in receipt of Medication Assisted Treatment (MAT) or requiring an assessment to access MAT, are offered a “safe talk” on the day of release to discuss treatment, allocate a community pharmacy, supports, provide overdose awareness, BBV testing, IEP and Naloxone. This is facilitated by NADARS staff and a prescriber who will meet with the individual and carry out a brief review, and then allocate a named worker who will review the person within 2 weeks. Peer Recovery Workers are available to outreach to those who are not engaging with services and at higher risk of overdose following release. Naloxone is provided.

As previously mentioned, the partnership with KA Leisure and access to full gym facilities, the “buddy” support system and progression on to instructor training provides a pathway for individuals to improve their physical and mental health and training opportunities. NADARS service will also check with individual’s that they have Naloxone on release.

“A lot of people in recovery feel fitness is a benefit for their recovery but have “gym fear”. Since taking the gym instructor course I have learnt how to work out plans for them, how to show them to warm up, cool down and also stretches which I wasn’t aware of previously. All this has helped the people I support gain confidence and feel less stigmatised in a gym environment” – Service User

The NADARS workers who have LE provide a group with Kilmarnock prison for recovery, links are made prior to release and connections and education in terms of local support and initiatives they can access on release.

Police Scotland attend weekly Community Re-Integration meeting with partners identifying upcoming persons being release from custody ensuring all supports are available on return to communities.

4.5 If you would like to add any additional details in response to the questions in this section on Public Health Approach to Justice, please provide them below (max 300 words).

The offending behaviour of a large percentage of individuals involved with Justice Social Work Services is related to alcohol or illicit substance use and there is scope for improvement in working in partnership with MAT delivery services to achieve MAT Standards. This will provide both timely support and recovery interventions to individuals, as well as maintaining MAT provision to individuals despite failure to fully engage or polydrug use, in order to reduce the risk of reoffending. Full implementation of MAT standards and community/prison/health promotion of what this means will ensure service users, and their workers, are aware prior to accessing services themselves.

II. FINANCIAL FRAMEWORK 2021/22 (Should be completed by Chief Financial Officer)

Your report should identify all sources of income (excluding Programme for Government funding) that the ADP has received, alongside the funding that you have spent to deliver the priorities set out in your local plan. It would be helpful to distinguish appropriately between your own core income and contributions from other ADP Partners.

It is helpful to see the expenditure on alcohol and drug prevention, treatment & recovery support services as well as dealing with the consequences of problem alcohol and drug use in your locality. You should also highlight any underspend and proposals on future use of any such monies.

A) Total Income from all sources

Funding Source (If a breakdown is not possible please show as a total)	£
Scottish Government funding via NHS Board baseline allocation to Integration Authority	£1,367,810
2021/22 Programme for Government Funding and National Mission Funding	£1,003,557
Additional funding from Integration Authority	£0
Funding from Local Authority	£0
Funding from NHS Board	£0
Total funding from other sources not detailed above	£246,611
Carry forwards	£336,839
Other	£0
Total	£2,954,817

B) Total Expenditure from all sources

	£
Prevention including educational inputs, licensing objectives, Alcohol Brief Interventions)	£270,266
Community based treatment and recovery services for adults	£1,119,929
Inpatient detox services	£18,381
Residential rehabilitation (including placements, pathways and referrals)	£44,332
Recovery community initiatives	£94,928
Advocacy services	£0
Services for families affected by alcohol and drug use (whole family Approach Framework)	£102,327
Alcohol and drug services specifically for children and young people	£145,410
Drug and Alcohol treatment and support in Primary Care	£0
Residential Rehab	£0
Whole family Approach framework	£34,181
Outreach	£82,964
Other	£151,436
Total	£2,064,155

Additional finance comments

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