Subject :	**North Ayrshire ADP Annual Reporting Survey 2023/2024**
Purpose :	IJB members are asked to approve the survey for 23/24.
Recommendation :	The IJB to consider and approve the responses to the ADP Annual Reporting Survey for submission to the Scottish Government.

Direction Required to Council, Health Board or Both	Direction to :-	
	1. No Direction Required	
	2. North Ayrshire Council	X
	3. NHS Ayrshire & Arran	
	4. North Ayrshire Council and NHS Ayrshire & Arran	

Glossary of Terms	
NHS AA	NHS Ayrshire and Arran
HSCP	Health and Social Care Partnership
ADP	Alcohol and Drug Partnership
IJB	Integrated Joint Board

1.	**EXECUTIVE SUMMARY**
1.1	To present, for approval, the ADP Annual Reporting Survey for 2023/2024 detailing a range of information to the Scottish Government on a range of aspects relating to the delivery of the National Mission.
2.	**BACKGROUND**
2.1	This year the report provides high level information on the range of substance misuse support available in North Ayrshire.
3.	**PROPOSALS**
3.1	List the specific actions that need to be considered and approved: It is requested that IJB consider and sign off the responses to the survey before submission to the Scottish Government on the 28th June 2024.
3.2	Anticipated Outcomes The survey provides a broad overview of the work of the ADP and does not reflect the totality of the work covered by the ADP, NADARS and wider partners.

3.3	Measuring Impact	
	The data will help understand the challenges and opportunities with the findings informing the monitoring of ADP projects, the work of national subgroups focused on topics such like the Whole Family Approach and Residential Rehabilitation.	
4.	**IMPLICATIONS**	
4.1	Financial None.	
4.2	Human Resources None	
4.3	Legal None.	
4.4	Equality/Socio-Economic None.	
4.5	Risk The survey details responses mainly focused on support available to people in North Ayrshire so carries a 'low' risk rating.	
4.6	Community Wealth Building Details within the responses raise awareness of the impact of alcohol and drugs and the work of the HSCP, ADP and partner agencies to reduce alcohol and drug related harms.	
4.7	Key Priorities The survey has helped the ADP identify areas of strength and areas of opportunity and development. This will be considered when developing the next ADP strategic plan and associated action plans.	
5.	**CONSULTATION**	
	A core group of individuals involved with the ADP contributed to the survey responses.	

Caroline Cameron, Director

Michael McLennan - ADP Lead Officer michaelmclennan@north-ayrshire.gov.uk

Appendices
- Appendix 1: ADP Annual Reporting Survey

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

Highland ADP

Inverclyde ADP

Lothian MELDAP ADP

Moray ADP

X 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

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

X Alcohol harms group

X Drug death review group

X Drug trend monitoring group/Early Warning System

     None

X Other (please specify): PAG convene on a PAN Ayrshire basis following a series of significant events to discuss joint responses.

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]

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]

North Ayrshire Drug Death Review Group will conduct reviews to establish any learning that can be identified that can contribute to improving practice.

The PAN Ayrshire Drug Trend Monitoring Group focus on current drug trends and the impact this is having on communities across Ayrshire.
• Bring awareness of new and continuing trends throughout Ayrshire and Arran.
• Ensure the collation and dissemination of information on substances of concern.
• Bring awareness of the risks and harms to individuals and communities.

Support shared and collective risk assessment with the option of escalating to a Public Health-led Problem Assessment Group/Incident Management Team response, as indicated.

This group helps to ensure there is a consistent approach across Ayrshire in responding to emerging risks and threats. Police Scotland STOP Unit attend the Drug Trend Monitoring group and provide information on drug purity and national trends.

The Prevention and Service Support Team (PSST) coordinate data collated through ABI informs ongoing training requirements and improved local and national reporting in relation to the impact of alcohol.

Locally and nationally DAIsy is used to record and collate information. Locally, information is recorded and collated via the Shared Addicition Management Service (SAMS)

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]

X Yes

No

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

We are working with the NHS A+A PHD on a Drug Risks and Harms escalation policy to ensure the joins with the Public Health Scotland RADAR programme of work and the Ayrshire and Arran Drug Trends monitoring group. This approach seeks to provide support from a public health perspective where a threshold of risk/harm becomes visible: through increases in/clusters of drug death events, near fatal overdoses, hospital admissions for bacteraemias, ED attendances for high risk presentations etc.

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)	3.00
Total vacancies (whole-time equivalent)	0.00

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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).

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]

N/A

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]

The ADP and North Ayrshire Alcohol and Drug Recovery Service have a Staff Wellbeing Action Plan in place that encourages staff to seek wellbeing support from their colleagues, peers, and managers. It aims support staff by providing comprehensive training and guidance to promote a psychologically informed workplace culture where staff wellbeing is a priority. Significant work has been put in place to raise awareness of the range of wellbeing activities and resources available. Staff had the opportunity to apply for a fund to take part in a wellbeing activity together. Services have introduced reflective practice sessions to provide staff with a safe, confidential, and supportive space to explore situations, thoughts and reactions experienced within work roles. Regular supervision and consultation sessions should be scheduled with all staff to support their practice and enable staff to talk about wellbeing. Incorporate the NES Wellbeing Planning Toolkit into supervision sessions to engage staff in support plans to promote their wellbeing. We strive to create a workplace environment where staff wellbeing is valued, encouraged, and respected. We continue to review and discuss any new additional supports and ensure local mechanisms are in place to identify any gaps or any new or emerging developments to promote workforce wellbeing. Our Commissioned services, Turning Point Scotland, apply similar principles and have also facilitated development days for their staff to enable them to build relationships and improv their wellbeing at work.

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	X
Feedback is presented at the ADP board level	X	X
Feedback used in assessment and appraisal processes for staff	X	X
Feedback used to inform service design	X	X
Feedback used to inform service improvement	X	X
Other (please specify)		

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

    Through a group or network that is independent of the ADP

X Through an existing ADP group/panel/reference group

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

    Not currently able to participate

    Other (please specify):

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

      Through a group or network that is independent of the ADP

    X Through an existing ADP group/panel/reference group

    X 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]

      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]

The NAADP Support Team are a new team and have been working hard help increase the participation of people with lived experience within the ADP. We have spent time engaging with people across the communities of North Ayrshire to support the development of a Lived Experience Panel for North Ayrshire to become part of the ADP structure. Additionally, we have been working alongside the Scottish Recovery Consortium to help develop our approach alongside our ADP partners. We continue to engage regularly with people with lived/living experience and continue to refine our approach to ensure people with lived/living experience have a platform to influence the direction of their ADP. We have invested in Recovery Development Worker posts across various parts of the services including NADARS, Service Access and Justice Services who actively promote how people can get more

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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."

involved in the Recovery Community. We have a Locality Link Worker post to help develop more platforms for engagement within the community, help develop relationships with people with LLE and get their input and feedback on various topics.

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

X MAT standards delivery plan

X Service development, improvement and/or delivery plan

None

Other (please specify):

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]

In 23/24 the ADP Support Team (ADPST) have developed closer links with education and explored how we can work together to address the subject of alcohol and drugs in an effective way. The ADPST engaged with pastoral teachers and staff within schools across the area which eventually helped to shape two engagement events with young people from across North Ayrshire. The event was facilitated by various ADP partners with workshops focusing on giving young people information, generating conversations, hearing from people with lived experience, and encouraging young people to think about the language they use and the impact of stigma on people who are affected by alcohol or drug use. Additionally, the event captured feedback to help how we shape our approach to engaging with young

people in the future, how we deliver messages, and how to facilitate better conversations.

North Ayrshire Alcohol and Drug Recovery Service and North Ayrshire Libraries won a SLIC award for working partnership to facilitate MAT Clinics in a non-clinical venue. NADARS seen a rise in engagement in the Kilwinning area and the project was commended for working to address stigma in people receiving support and treatment.

On a weekly basis, the ADP continue to provide both financial and practical support to local recovery cafes which are facilitated by people in recovery in the community. Additionally, the Recovery Hub on a Friday is facilitated in Irvine by the ADPST which provides a space for a drop -in people in the community to access information and support. Both these opportunities help to tackle stigma.

In addition, the ADP alongside partners are currently planning a Community Recovery Festival which will provide an opportunity for people, children, and families to come together for an event, helping to tackle stigma in the community.

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]

We have both quantitive and quality data available to help evidence the impact of the projects referenced in 14.a.

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)	X	X	X
People from minority ethnic groups	X	X	X
People from religious groups	X	X	X
People who are experiencing homelessness	X	X	X
People who are LGBTQI+	X	X	X
People who are pregnant or peri-natal	X	X	X
People who engage in transactional sex	X	X	X
People with hearing impairments and/or visual impairments	X	X	X
People with learning disabilities and literacy difficulties	X	X	X
Veterans	X	X	X
Women	X	X	X

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	X
Physical health	X	X	X
Planet Youth			
Pregnancy & parenting		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	
Drug services (NHS, third sector, council)	X	X	X	X
Family support services	X	X	X	X
General practices		X		X
Homelessness services	X	X	X	X
Hospitals (incl. A&E, inpatient departments)	X	X	X	X
Justice services	X	X	X	X
Mental health services	X	X	X	X
Mobile/outreach services	X	X	X	X
Peer-led initiatives	X	X		
Prison	X	X		X
Sexual health services	X	X	X	X
Women support services	X	X	X	X
Young people's service	X			
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

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]

The ADP are currently considering investing in drug testing strips for the community in response to the growing concerns around nitazines.

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		
Homeless services		
Hospitals (including emergency departments)	X	
Housing services		
Mental health services		
Police Scotland		
Primary care		
Prison		
Scottish Ambulance Service	X	
Scottish Fire & Rescue Service		
Specialist substance use treatment services	X	
Third sector substance use services		
Other (please specify)		

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]

       Further workforce training required

       Insufficient funds

       Issues around information sharing

       Lack of leadership

       Lack of ownership

       Workforce capacity

X 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

    X Contributed to strategic planning

    X Coordinated activities between justice, health or social care partners

    X Data sharing

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

    X Provided advice and guidance

    Other (please specify):

Operational level

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

    X 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

    X Services for people transitioning out of custody

    Services in police custody suites

    Services in prisons or young offenders institutions

    Services specifically for Drug Treatment and Testing Orders (DTTOs)

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

    Other (please specify):

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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.

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
Alcohol interventions					X
Drug and alcohol use and treatment needs screening					
Harm reduction inc. naloxone					X
Health education & life skills					
Medically supervised detoxification					
Opioid Substitution Therapy				X	X
Psychosocial and mental health based interventions					
Psychological and mental health screening		X	X	X	X
Recovery (e.g. café, community)		X		X	X
Referrals to drug and alcohol treatment services		X		X	X
Staff training					
None					
Other (please specify)					

[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]

    X Yes

     No

     Don't know

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

Turnaround Calderglen House have also worked alongside community justice services to support individuals in rehab who are subject to court mandated orders.

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].

Statuatory services use the below Breathalysers Oral drug screens Urine drug screens

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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]

X 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

X 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

X 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

    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

X Insufficient funds

    Insufficient staff

    Lack of awareness among potential clients

X Lack of capacity

X 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]

> Appointment of a single point of contact to implement the pathway that provides support for the person's whole journey.
> Providing short term community and residential detoxification via Ward 5 a Woodland View.
> Individuals assessed for detox and being suitable for residential rehab we work closely with local services to ensure a smooth transition and supporting the person during any waiting period
> We provide support to people not ready or appropriate for ERR.

Question 28

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

    No revisions or updates made in 2023/24

X 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]

Additional information added to the pathway to include more information on family support and intervention offered by our local Turning Point Scotland Prevention Early Intervention and Support service.

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.)
- Availability of stabilisation services
- Difficulty identifying all those who will benefit
- Further workforce training is needed
- X Geographical challenges (e.g. remote, rural, etc.)
- X Insufficient funds
- Insufficient staff
- Lack of awareness among potential clients
- Lack of capacity
- Scope to further improve/refine your own pathways
- Waiting times
- None
- Other (please specify):

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

North Ayrshire have developed a evidenced based vision, model and implementation plan for delivering MAT 7, which has been endoresed by MIST. The ADP have provided non-recurring funding for 3 years to implement the model. However, securing recurring funding remains an ongoing challenge. We continue to look for solutions regarding appropriate local venues for delivery and recurring funding to implement MAT 7.

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)			X
Diversionary activities		X	X
Employability support		X	X
Family support services		X	X
Information services		X	X
Justice services		X	X
Mental health services (including wellbeing)		X	X
Opioid Substitution Therapy			X
Outreach/mobile (including school outreach)		X	X
Recovery communities			X
School outreach		X	X
Support/discussion groups (including 1:1)		X	X
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]

Turning Point Scotland PEAR, Cafe Solace, The Recovery Hub, Harbour Ayrshire, Freedom Fighters, MINDS of Recovery, Recovery to Discovery Drop In, Redburn

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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.

Breakfast Club, Changes Group, Grub n Gospel, Wellness Warriors, Eglinton Community Gardens, Care and Share.

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]

A joint working protocol is in place for the screening, assessment and treatment and care of individuals who may require support for co-occurring mental health and alcohol and/or drug use from North Ayrshire H&SCP Secondary Care Mental Health Services - NADARS, ACMHS, and CMHTE.

> Referrals can be received either singularly or jointly by NADARS, ACMHS, or CMHTE from a number of sources.

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]

    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

X 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

    X Engaging with third sector/community partners

    X Provision of trauma-informed spaces/accommodation

    X Recruiting staff

    X Training existing workforce

    X 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]

    Yes

    X 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			
Recovery communities			X
School outreach	X	X	X
Support/discussion groups	X	X	X
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

X Counselling

X One to one support

X 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]

> The ADP have part funded (with Corra) Barnardos to provide early intervention support to children and families in North Ayrshire. Further resources have been invested within the HSCP's Service Access team to work with children and families impacted by substances. Children 1ˢᵗ are commissioned to work more intensively with children and families in the community to ensure less harm is caused by alcohol and drugs in North Ayrshire.

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	X	X
Mentoring		
Peer support	X	X
Personal development		
Social activities	X	X
Support for victims of gender based violence and their families	X	X
Youth services	X	X
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]

      Yes

    X No

      Don't know

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

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]
Turning Point Scotland	409819.03
Barnardo's	37468.00
Residential Rehab	164252.28
Children 1st	38400.00
NHS Allocation	1603771.00
Noth Ayrshire Council	467237.23
KA Leisure	13587.50
Freedom Fighters	10000.00
Harbour Ayrshire	7800.00
Impact Arts	10000.00
Irvine Youth Forum	9920.00
Minds of Recovery	3309.06
North Ayrshire Foodbank	6450.00
Womens Aid	31320.00
North Ayrshire Education Services	10000.00

Confirmation of sign-off

Question 44

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

    X ADP

    X 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]