



ALCOHOL AND DRUG PARTNERSHIP ANNUAL REVIEW 2019/20 (**West Dunbartonshire ADP**)

- I. **Delivery progress**
- II. **Financial framework**

This form is designed to capture your **progress during the financial year 2019/20** against the [Rights, Respect and Recovery strategy](#) including the Drug Deaths Task Force [emergency response paper](#) and the [Alcohol Framework 2018](#). We recognise that each ADP is on a journey of improvement and it is likely that further progress has been made since 2019/20. 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 also ensure all **sections in yellow** are fully completed.

The data provided in this form will allow us to provide updates and assurance to Scottish Ministers around ADP delivery. The data will also be shared with Public Health Scotland (PHS) evaluation team to inform the [monitoring and evaluation of rights, respect and recovery](#) (MERRR). This data is due to be published in 2021.

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 the MERRR and excerpts and/or summary data from the submission will be used in published MERRR 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 Review 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 **Wednesday 14th October 2020** to: alcoholanddrugdelivery@gov.scot



NAME OF ADP: West Dunbartonshire Alcohol and Drug Partnership

Key contact:

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I. DELIVERY PROGRESS REPORT

1. Representation

1.1 Was there representation from the following local strategic partnerships on the ADP?

Community Justice Partnership ☒
Children's Partnership ☒
Integration Authority ☒

1.2 What organisations are represented on the ADP and who was the chair during 2019/20?

Chair (*Name, Job title, Organisation*): Beth Culshaw, Chief Officer, West Dunbartonshire HSCP

Representation

The public sector:

Police Scotland	<input checked="" type="checkbox"/>
Public Health Scotland	<input type="checkbox"/>
Alcohol and drug services	<input checked="" type="checkbox"/>
NHS Board strategic planning	<input type="checkbox"/>
Integration Authority	<input checked="" type="checkbox"/>
Scottish Prison Service (where there is a prison within the geographical area)	<input checked="" type="checkbox"/>
Children's services	<input checked="" type="checkbox"/>
Children and families social work	<input checked="" type="checkbox"/>
Housing	<input checked="" type="checkbox"/>
Employability	<input checked="" type="checkbox"/>
Community justice	<input checked="" type="checkbox"/>
Mental health services	<input checked="" type="checkbox"/>
Elected members	<input type="checkbox"/>
Other	<input checked="" type="checkbox"/> Scottish Fire and Rescue

The third sector:

Commissioned alcohol and drug services	<input checked="" type="checkbox"/>
Third sector representative organisation	<input checked="" type="checkbox"/>
Other third sector organisations	<input type="checkbox"/> Please provide details.....

People with lived/ living experience	<input type="checkbox"/>
Other community representatives	<input type="checkbox"/> Please provide details.....
Other	<input type="checkbox"/> Please provide details.....



1.3 Are the following details about the ADP publically available (e.g. on a website)?

Membership	<input checked="" type="checkbox"/>
Papers and minutes of meetings	<input checked="" type="checkbox"/>
Annual reports/reviews	<input checked="" type="checkbox"/>
Strategic plan	<input checked="" type="checkbox"/> www.wdhscp.org.uk/WDADP

1.4 How many times did the ADP executive/ oversight group meet during 2019/20?

4 meetings – 24 April 2019, 28 August 2019, 23 October 2019, 29 January 2020

2. Education and Prevention

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

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

Leaflets/ take home information	<input checked="" type="checkbox"/>
Posters	<input checked="" type="checkbox"/>
Website/ social media	<input checked="" type="checkbox"/>
<i>Please provide links</i>	
Accessible formats (e.g. in different languages)	<input type="checkbox"/>
<i>Please provide details.....</i>	
Other	<input type="checkbox"/>
<i>Please provide details.....</i>	

www.wdhscp.org.uk/WDADP

2.2 Please provide details of any specific communications campaigns or activities carried out during 19/20 (E.g. Count 14 / specific communication with people who alcohol / drugs and/or at risk) (max 300 words).

WD Facebook (20,400 people) Twitter (11,200 followers)

Big Disability Event – April 2019

Castlehill Community Fun Day - July 2019

Clydesider Creative Café - Dec 2019

Alcohol unit education, alcohol and health, ADP services promotion/ABIs.

WD Children's Panel May 2019

Awareness-raising around alcohol harms, impact of alcohol on children/families, reducing stigma, youth drinking, pathways to support.

Breast Cancer Awareness Day October 2019

Activities exploring link between alcohol and cancers.



Alcohol Awareness Week - Alcohol and Me 11th–17th November 2019

- 5 community events: quizzes, unit measuring, discussions. Social media posts.
- Dumbarton Area Council on Alcohol (DACA) worked with local people to develop 'Alcohol and Me' stories, 5x shared on social media/DACA blog.
- Press release (DACA) in three local newspapers.

General Election - December 2019

DACA Community developed a Manifesto to Tackle Alcohol Harm. Shared social media /DACA blog, used as basis for candidate questioning at local hustings/doorstep. Local press - editorial/interview.

Drink and Drug Driving #drivesmart December 2019

- Road Safety Scotland campaign: drink/drug driving.
- Raised awareness of new law, consequences of drink/drug driving.
- Three posts on WDC Twitter/Facebook.

Alcohol Low Risk Drinking Guidelines #count14 (phase 2 January – March 2020)

- Guidelines on WDC social media.
- 500 drinks wheels, 500 measuring cups, 200 drinks diaries, 500 'making change' booklets, 250 posters distributed through ADP members.
- Posters displayed in council buildings, leisure centres, health centres.
- DACA had social media campaign: local messages to complement national materials.

Dry January – January 2020

DACA had social media campaign using local people's stories. Shared on blog, covered by press.

Agent Purchase/Youth Drinking – January/February 2020

Press published 2 articles from DACA (ref SALSUS report).

Alcohol and mental health - February 2020

DACA had a five-day social media campaign, co-opting #TimeToTalk campaign. Local messages.

International Women's Day - Alcohol and women – 8th March 2020

DACA had five-day social media campaign using #EachForEqual, #DontPinkMyDrink

2.3 Please provide details on education and prevention measures/ services/ projects provided during the year 19/20 specifically around drugs and alcohol (max 300 words).

[Prevention Strategy](#) recognised as national early adopter of [whole system working](#)

Progress in 2019/20:

1: Support comprehensive community and stakeholder engagement

- **Alcohol, Tobacco and Other Drugs (ATOD) "Have Your Say"** - 20 workshops involving 126 people with experience of ATOD use and related harms. Survey completed by 186 people from the community.
- **Client Survey** - Annual survey completed by 138 people with lived experience of alcohol/drug services.



- **Community-Led Action Research on Alcohol (CLARA)** - Working group established in November 2019 to explore options.

2: Communications - See report under section 2.2 of this form

3: [Scotland's Charter for a Tobacco-free Generation](#),

- WD Education Substance Use Policy refreshed to reflect national and local drivers and prepare for curriculum guidance due from Scottish Government.

4: Review and improve communications mechanisms to ensure local children, young people, adults and older people are aware of and can access positive alternative activity opportunities.

- Y-Sort It Diversionary activities for Youth Groups for age 10+ delivered as follows:
 - o Y Hub It (Clydebank, 10 – 13yrs) – 28 sessions, 49 unique young people, average attendance 20 young people.
 - o Overs Group (Clydebank, 13+) – 13 sessions, 23 unique young people, average attendance 15 young people.
 - o Bonhill CreActive Group (10+) – 26 sessions, 55 unique young people, average attendance 26 young people.
- An action within the Substance Use Prevention Strategy includes a mapping exercise. This is underway to assess provision and will be progressed in 2020/21 in the context of the Icelandic Model.

5: Support development and implementation of a multi-agency alcohol agent purchase campaign (including role of parental supply)

- Analysis of local [SALSUS](#) data presented to Youth Alliance, ADP and Licensing Forum. Local Peer Research will inform next steps.

6: Support workforce development in relation to ATOD

- Review of all training (available and delivered) completed and shared with ADP.
- Training on New Drug Trends was delivered by CREW on 11th December (2 x 3 hr sessions).

2.4 Was the ADP represented at the alcohol Licensing Forum?

Yes ☒

No ☐

Please provide details (max 300 words)

The Licensing Forum has had an ADP/Health Representative present on two out of four possible occasions. The Forum was attended by the Head of Mental Health, Learning Disability and Addictions or their nominated substitute.

Date of Licensing Forum	ADP Representative
28 th May 2019	Yes
27 th August 2019	No
26 th November 2019	No
25 th February 2020	Yes



The Licensing Forum has discussed the following issues relating to the work of the ADP:

- Minimum Unit Pricing and its impact on alcohol sales.
- SALSUS findings for West Dunbartonshire and Scotland 2018 were presented to the Forum by a member of West Dunbartonshire Youth Council.
- Children's Parliament and Alcohol Focus Scotland Report on An Alcohol Free Childhood was discussed in regards to how children view alcohol.
- Community Consultation 'Alcohol, Tobacco and Other Drugs' was discussed and promoted by members to inform new 2020 ADP Strategy and Community Planning West Dunbartonshire Substance Use Prevention Strategy.

2.5 Do Public Health review and advise the Board on license applications?

All ☒
Most ☐
Some ☐
None ☐

Please provide details (max 300 words)

NHS Greater Glasgow and Clyde Public Health Directorate led by the Director of Public Health review all license applications as a statutory consultee. Throughout 2019/20 the follow license applications have been reviewed and objection letters have been submitted to the Licensing Board where necessary.

License Application	Public Health Action	Outcome
11A Alexander St	Reviewed and Objected	Application Granted
Burgh Bar	Reviewed and Objected	Application Rejected
Loch Lomond Brewery	Reviewed and Objected	Application Granted
Iceland Foods	Reviewed	Application Granted
Dillichip Stores	Reviewed	Application Granted
Lennox Brewery	Reviewed	Application Granted
Cook & Indi's World Buffet	Reviewed	Application Granted
Club Mango	Reviewed and Objected	Application Rejected
Tesco Express	Reviewed and Objected	Application Granted
Iceland Foods	Reviewed	Application Granted
Chandlers	Reviewed	Application Granted
The Lounge by the Clyde	Reviewed	Application Granted



3. RRR Treatment and Recovery - Eight point plan

People access treatment and support – particularly those at most risk (where appropriate please refer to the Drug Deaths Taskforce publication [Evidence-Based Strategies for Preventing Drug-Related Deaths in Scotland](#): priority 2, 3 and 4 when answering questions 3.1, 3.2, 3.3 and 3.4)

3.1 During 2019/20 was there an Immediate Response Pathway for Non-fatal Overdose in place?

Yes ☒

No ☐

In development ☐

Please give details of developments (max 300 words)

All acute medical Hospital sites have access to both mental health and addiction liaison teams that will support acute colleagues with their assessment and advise on appropriate onward support including referral to local health and social care and third sector services. For people who do not reach acute hospital sites, West Dunbartonshire have an immediate response service to provide same day response to colleagues such as ambulance and police services. We are committed to expanding this service with an additional nurse post in the recruitment phase. We monitor and review all Emergency Department repeat attendees.

3.2 Please provide details on the process for rapid re-engagement in alcohol and/or drug services following a period of absence, particularly for those at risk 19/20 (max 300 words).

General public or other agencies can access our statutory duty service. This supports identification of vulnerable clients that can then be referred to the rapid response service. Addiction services offer joint assessment with Mental Health Service colleagues as necessary.

3.3 What treatment or screening options were in place to address drug harms? (mark all that apply)

Same day prescribing of OST ☒

Methadone ☒

Buprenorphine and naloxone combined (Suboxone) ☐

Buprenorphine sublingual ☒

Buprenorphine depot ☐

Diamorphine ☒

Other non-opioid based treatment options

Other ☐ Please provide details.....

3.4 What measures were introduced to improve access to alcohol and/or drug treatment and support services during the year, particularly for those at risk 19/20 (max 300 words).

HSCP Addiction Services have introduced a rapid access service for people requiring medical assisted treatment, with prioritisation based on an assessment of risk. An assertive outreach model is employed. Third Sector Agencies have maintained daily contact with vulnerable clients. Our local Alternatives Third Sector agency has expanded its Safe as Houses increasing the number of clients from 12 to 28.

The Minister for Health Addictions and Sport Joe Fitzpatrick and the Shadow Conservative MSP for Health Miles Briggs visited as a Project of Excellence – named by the DDTF on January 7th in Holyrood.



The model was used as the template for the forthcoming Test of Change community/residential proposal seeking funding to be piloted in Lanarkshire.

Third Sector Service Dumbarton Area Council on Alcohol (DACA) have introduced open social drop in without need for appointments, access on the service user terms. This service has provided enhanced telephone and individual online contact as well as group online. DACA has also installed an accessible toilet supporting people with physical disabilities.

Third sector and statutory services have enhanced their vocational and skills developments programme including Alternatives organisation commencing the development of a local community farm and developing of a rowing group. They continue to provide a boat refurbishment project.

Statutory Services have introduced an Individual and Placement Support Service. This Scottish Association for Mental Health Service works with our local HSCP Addiction Service to link our service users with potential employers. This offers opportunities for service users to return to employment.

3.5 What treatment or screening options were in place to address alcohol harms? (Mark 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"/> |
| Other | <input type="checkbox"/> Please provide details..... |

People engage in effective high quality treatment and recovery services

3.6 Were Quality Assurance arrangements in place for the following services (examples could include review performance against targets/success indicators, clinical governance reviews, case file audits, review against delivery of the quality principles):

	<i>Adult Services</i>	<i>Children and Family Services</i>
Third sector	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Public sector	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>

3.6 Please give details on how services were Quality Assured including any external validation e.g. through care inspectorate or other organisations? (max 300 words)

All third sector services are monitored and evaluated annually as a minimum by their funders against a set of pre-agreed outcomes and indicators. They have a service level agreement with core funder, West Dunbartonshire HSCP, against which they report annually.

Other means of supporting services for quality by our community are through a range of client involvement mechanisms, including individual assessment and evaluation, monthly client involvement meetings and workshops, and an annual survey.



All Third sector staff and volunteers who interact with clients have a PVG scheme record check. Directors are subject to a WD15 Police check.

Third sector organisations have financial and management processes which are fully audited annually.

HSCP is subject to joint inspection processes by Healthcare Improvement Scotland and the Care Inspectorate. They have regular case file audits. Finance and procurement are subject to internal audit processes. Addiction Services are monitored against waiting time figures. All care staff have regular supervision and cases are subject to Multi- disciplinary scrutiny. All deaths within the service are reviewed.

3.7 Were there pathways for people to access residential rehabilitation in your area in 2019/20?

Yes ☒

No ☐

Please give details below (including referral and assessment process) (max 300 words)

Requirement for residential placement is assessment via our local Shared Assessment process involving multi-disciplinary Health and Social Care staff within our HSCP Addiction Services. Care Managers identify need in partnership with our service users. This process is overseen by the Integrated Health and Social Care Manager. Alternatives have been invited onto the Scottish Residential Recovery Group headed by the Scottish Recovery Consortium which will feed into the National Residential Working Group set up recently by the Scottish Government.

3.8 How many people started a residential rehab placement during 2019/20? (if possible, please provide a gender breakdown)

1 person (female) in 19/20 from HSCP Addictions Services. Alternatives residential project Safe As Houses has had 108 service users supported, 73 male and 35 female

People with lived and living experience will be involved in service design, development and delivery

3.9 Please indicate which of the following approaches services used to involve lived/living experience (mark all that apply).

For people with lived experience:

Feedback/ complaints process ☒

Questionnaires/ surveys ☒

Focus groups ☒

Lived/living experience group/ forum ☒

Board Representation within services ☐

Board Representation at ADP ☐

Other ☐

Please provide details.....

Please provide additional information (optional)



Services across West Dunbartonshire use a mixed menu of involving our service users in understanding our service performance and contributing to service development. Our statutory service has an annual service user survey. Third sector partners have service user forums.

For family members:

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

Please provide additional information (optional)

3.10 Had the involvement of people with lived/ living experience, including that of family members, changed over the course of the 2019/20 financial year?

- | | |
|--------------------|-------------------------------------|
| Improved | <input type="checkbox"/> |
| Stayed the same | <input checked="" type="checkbox"/> |
| Scaled back | <input type="checkbox"/> |
| No longer in place | <input type="checkbox"/> |

Please give details of any changes (max 300 words)

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

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

- | | |
|-----|-------------------------------------|
| Yes | <input checked="" type="checkbox"/> |
| No | <input type="checkbox"/> |

Please give details below (max 300 words)

The HSCP have introduced a new service Individual Placement and Support for people with addiction issues. This SAMH service funded by the HSCP engages people with alcohol and drug problems with potential employers. This service sits along with the HSCP Work Connect Service that offers employment skills and educational development. The Work Connect Service can support 20 service users from Addiction Services. This service received £1.5m in funding to redevelop its skills training suite within our local park. This money also contributed to the opening of a café within our local park that provides job



opportunities for people with Addiction problems. Third sector services continue to recruit people with lived experience into paid roles. Third Sector partner Alternatives continues to engage clients in the Skylark boat refurbishment project.

People access interventions to reduce drug related harm

3.12 Which of these settings offered the following to the public during 2019/20? (mark all that apply)

Setting:	Supply Naloxone	Hep C Testing	IEP Provision	Wound care
Drug services Council	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" 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 checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community pharmacies	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
GPs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
A&E Departments	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Women's support services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family support services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other ... (please detail)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

A person-centred approach is developed

3.13 To what extent were Recovery Oriented Systems of Care (ROSC) embedded across services within the ADP area? ROSC is centred on recognising the needs of an individual's unique path to recovery. This places the focus on autonomy, choice and responsibility when considering treatment.

Fully embedded ☒
Partially embedded ☐
Not embedded ☐

Please provide details (max 300 words)

We have introduced non-medical treatments into our services such as Cognitive Behavioural Therapy, and Occupational Therapy into our statutory Addiction Services. Our services are integrated with Health and Social Care. We have pathways in and out of statutory services that support engagement with third sector services for both alcohol and drugs users. We have pathways in and out of recovery employment services that focus on people with Addiction and Mental Health problems. We have agreed pathways with Mental Health Service colleagues that include joint assessment and care planning. Statutory Services regularly refer to Community Asset Services including gardening projects. Statutory Addiction



Services work closely with Housing Services including having pathway protocols in place. We have a benefits advisor embedded in the HSCP statutory Addiction Service. Our service philosophy supports a person centred, stepped care model of care delivery. Our third sector organisations continue to focus on wellbeing therapies. Prior to COVID Pandemic we provided a community recovery café. This twice weekly community drop in provided shared peer support, activities and lunch. These models offer choice to our client group. Third sector and statutory services have pathways that support inter-agency referrals including joint working.

3.14 Are there protocols in place between alcohol and drug services and mental health services to provide joined up support for people who experience these concurrent problems (dual diagnosis)?

Yes ☒

No ☐

Please provide details (max 300 words)

We have a Mental Health and Addiction Protocol that supports joint assessment and ongoing care including emergency assessment. Leads of service meet on a regular basis to review protocol and consider improvements.

The recovery community achieves its potential

3.15 Were there active recovery communities in your area during the year 2019/20?

Yes ☒

No ☐

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

Yes ☒

No ☐

3.17 Please provide a short description of the recovery communities in your area during the year 2019/20 and how they have been supported (max 300 words)

West Dunbartonshire has a healthy active third sector community service for people and their families. We have strong user forums with each main third sector agency supporting active involvement by service users in shaping our services. Although we have suspended the service due to COVID, we provide a community recovery cafe twice weekly. This self-referral and drop in service supports a peer support model of self-managed care.



A trauma-informed approach is developed

3.18 During 2019/20 have services adopted a [trauma-informed approach](#)?

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

Please provide a summary of progress (max 300 words)

All statutory and third sector staff have been trained in how to respond to trauma. In addition we have introduced in 2020 a Cognitive Behavioural Therapist alongside our Consultant Psychologist within in our statutory addiction service. This new service will support psychological treatments including for people with trauma backgrounds.

An intelligence-led approach future-proofs delivery

3.19 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 ☐
Drug death review group ☒
Drug trend monitoring group ☒
Other ☐ Please provide details.....

3.20 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 (max 300 words)

All notified alcohol related deaths are reviewed by Senior Clinicians and management within the HSCP. Following scrutiny any agreed recommendations are distributed to the wider team.

3.21 Please provide a summary of arrangements which were in place to carry out reviews on drug related deaths and how lessons learned are built into practice (max 300 words)

Addiction Services meet quarterly with the GG&C Drug Deaths Coordinator to review all drug related deaths. Areas of improvement are identified and recommendations are implemented within statutory services. We are currently reviewing this process to consider how we involve third sector partners in supporting the "lessons learned process."



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

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

Yes ☒

No ☐

Please give details (E.g. type of support offered and target age groups)

Specific, tailored support is offered by a support worker who is based in the Youth Services Team. This staff member was previously employed by Y Sort-It (3rd sector organisation) and has extensive experience in supporting young people from challenging backgrounds. Support offered focuses on harm reduction strategies, drug and alcohol awareness, and positive goal setting.

The *Young People in Mind* service based within the Child and Adolescent Mental Health Service (CAMHS) (Vale of Leven Hospital) offers input by a nurse therapist who supports young people who are designated homeless. These young people (aged 16 – 21) are often experiencing mental health issues, and it is estimated that up to 90% also have issues surrounding drug and/or alcohol use. Duration of support often exceeds 12 months due to the range of complex issues and requirement to develop trusting and meaningful engagement. Drug and alcohol related input centres on awareness raising, re-education and diversion strategies. The nurse therapist liaises closely with the Youth Services support worker, while also linking with local supported accommodation/housing support resources such as Prep for Life and Blue Triangle. Both the Youth Services worker and CAMHS participate in the Multi Agency Vulnerable Young People Forum.

4.2 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?

Yes ☒

No ☐

Please give details (E.g. type of support offered and target age groups)

Tailored support for young people (aged 12 – 25) affected by the drug use of a parent/carer/other significant adult is provided by the 'Routes' project. Routes is facilitated by Scottish Families Affected by Alcohol and Drugs, and supports young people across the local authority areas of West and East Dunbartonshire. The project was launched in April 2019, with the ethos that the young people involved would very much inform the service and outcomes. Routes offers 1:1 and group support. Input includes: emotional support; combating isolation; group activities; and providing respite from difficult home circumstances. The service currently engages with between 40 and 50 young people across the two local authority areas. A small majority of referrals originated from West Dunbartonshire, but the young people mix (positively) in group activities, and despite quite distinct demographic characteristics between East and West Dunbartonshire, this has thus far proven to be an effective model of support provision. The majority of young people supported by the service are aged between 12 and 16. Most referrals come from schools.

4.3 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 Community Planning thematic groups, in particular the Safe and Nurtured thematic groups collaborate on the priorities from the ADP Strategy and Delivery Plan. The Nurtured thematic group has the dual purpose of delivering on both the Community Planning Local Outcome Improvement Plan “Plan for Place” actions and the Children’s Service Plan. The Integrated Children’s Service Plan 2017 – 2020 references the role of key stakeholders in the annual review process. This includes the ADP, Adult Protection, and Multi Agency Vulnerable Young People Forum, all of which benefit from direct input from Addictions Services and local 3rd sector partners.

4.4 Did services for children and young people, with alcohol and/or drugs problems, change in the 2019/20 financial year?

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

Please provide additional information (max 300 words)

4.5 Did services for children and young people, affected by alcohol and/or drug problems of a parent / carer or other adult, change in the 2019/20 financial year?

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

Please provide additional information (max 300 words)

The launching of the Routes project in April 2019 has enhanced the support for young people affected by the alcohol and/or drug use of a parent, carer, or other adult. There are opportunities to increase collaborative work with Addictions Services in year 2 of the project.

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

- Yes ☒
No ☐

Please provide details (max 300 words)

There is wide and varied support for adult family members commissioned by and in partnership with key ADP stakeholders.



4.7 Did services for adult family members change in the 2019/20 financial year?

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

Please provide additional information (max 300 words)

4.8 Did the ADP area provide any of the following adult services to support family-inclusive practice?
(mark 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 checked="" type="checkbox"/>
Advocacy	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Support for victims of gender based violence	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Other (Please detail below)	<input type="checkbox"/>	<input type="checkbox"/>

Please provide additional information (max 300 words)



5. A Public Health Approach to Justice

5.1 If you have a prison in your area, were arrangements in place and executed to ensure prisoners who are identified as at risk left prison with naloxone?

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.](#)

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

Information sharing ☒

Providing advice/ guidance ☒

Coordinating activities ☒

Joint funding of activities ☐

Other ☐ Please provide details

Please provide details (max 300 words)

Good cross-team multi-disciplinary working relationships between third sector addictions service and CJSW team. Some collaboration with community payback team to provide community-based work activity alongside DACA's own gardening squad.

5.3 Has the ADP contributed toward community justice strategic plans (E.g. diversion from justice) in the following ways? *(mark all that apply)*

Information sharing ☒

Providing advice/ guidance ☐

Coordinating activities ☐

Joint funding of activities ☐

Other ☐ Please provide details

Please provide details (max 300 words)

Initial community justice discussions have taken place between Justice Social Work and local Addiction Services. We expect significantly enhanced joint working as part of the recovery of the justice system during 2020-2021. We are mindful that enhanced Addiction Services input into the delivery of Diversion is likely to have additional financial cost. Regular contribution from DACA to preparation of Justice Social Work court reports, using specialist assessments skills and drawing from recovery action plans to provide therapeutic and diversionary programme.



5.4 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. (max 600 words)

a) Upon arrest

During the reporting period, a community justice partners including Police Scotland, Justice Social Work, Health Improvement approached HSCP Addiction Services and Third Sector Partners Alternative and Dumbarton Area Council for Alcohol (DACA) to discuss establishing an Arrest Referral Scheme within Clydebank Custody Suite. Prior to lockdown, initial referral processes were in final stages of completion. In September 2020, the project received funding via the Drugs Death Task Force Funding stream to establish this Arrest Referral Scheme, project initiation is underway.

b) Upon release from prison

Joint protocol has been established between Justice and WDAS for those service users under MAPPA and assessed as high risk of re-offending. Addiction supports are continued with WDAS or with our third sectors partners for the duration the support is required to enable re integration of the service user and the reduction of risk in line with public protection responsibilities. For those that are involved in the Prison to Rehab national pathway WDAS are the named point of contact to enable continuing care in the local community once the service users has exited rehab. In terms of prison through care, prisoners can be identified pre release with supports being identified and where necessary assessments started prior to release. Where possible service users are diverted from the justice system at the earliest opportunity where addiction issues are prevalent and support is required. Community Justice activity to establish Custody to Community Operational Group will be informed by the improvement activity carried out within WDADP Justice Settings Group.



6. Equalities

Please give details of any specific services or interventions which were undertaken during 2019/20 to support the following equalities groups:

General Comments:

During 2020 West Dunbartonshire Council and WD HSCP, have committed to and increased the volume and detail of joint Equality Impact Assessment work; these assessment cover impact in terms of Human Rights, Health and Fairer Scotland (socio economic duty impacts, as well as the protected characteristics of the Equality Act 2010.

The Council continues to facilitate the West Dunbartonshire Equality Forum, which brings together Third Sector organisations, and statutory community planning partners; the forum provides opportunities for dialogue, information and idea sharing. This had included discussion of the West Dunbartonshire Substance Use Prevention Strategy.

The Council has heavily revised its 'Communicating Effective' (focusing on disabled people and people whose first language is not English) guidance since March 2020 taking into account the impact of COVID on how we communicate and shared this widely with partners including the ADP.

Presentation to Equalities Forum in January 2020 on ATOD consultation.
Specific areas on HSCP website linking people to services.

6.1 Older people *(please note that C&YP is asked separately in section 4 above)*

- Impact Assessment processes address this characteristic
- ATOD workshops with Carers of West Dunbartonshire.
-

6.2 People with physical disabilities

Impact Assessment processes address this characteristic

- Stall at Big Disability Event April 2019 and Carers of West Dunbartonshire Nov 2019: Alcohol unit education, alcohol and health, ADP services promotion/ABIs.

6.3 People with sensory impairments

Impact Assessment processes address this characteristic

6.4 People with learning difficulties / cognitive impairments.

Impact Assessment processes address this characteristic

Stall at WDC event during National Learning Disability Week included Alcohol unit education, alcohol and health, ADP services promotion/ABIs.

- Workshops with Carers of West Dunbartonshire on ATOD
- Stall at Big Disability Event April 2019 and Carers of West Dunbartonshire Nov 2019: Alcohol unit education, alcohol and health, ADP services promotion/ABIs.

6.5 LGBTQ+ communities

Impact Assessment processes address this characteristic

6.6 Minority ethnic communities

Impact Assessment processes address this characteristic

6.7 Religious communities



Impact Assessment processes address this characteristic

6.8 Women and girls (including pregnancy and maternity)

Impact Assessment processes address this characteristic

International Women's Day - Alcohol and women – 8th March 2020

DACA had five-day social media campaign using #EachForEqual, #DontPinkMyDrink



II. FINANCIAL FRAMEWORK 2019/20

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	1,091,131
2019/20 Programme for Government Funding (<i>note balance of £290k, 19/20 funding is held at Scottish Government and will be required to fund 20/21 costs</i>). Due to recruitment delays in year 1, 19/20 costs were funded from IA Earmarked Reserves, arising from 18/19 Programme for Government funding, alongside the £20,930 19/20 interim allocation.	20,930
Additional funding from Integration Authority	1,426,300
Funding from Local Authority	83,806
Funding from NHS Board	
Total funding from other sources not detailed above	
Carry forwards (<i>18/19 Programme for Government Funding in IA Earmarked Reserve – note a balance of £7k remains in IA Earmarked Reserves to fund committed expenditure which will be incurred in 20/21</i>)	283,000
Other	
Total	2,905,167

B) Total Expenditure from sources

	£
Prevention including educational inputs, licensing objectives, Alcohol Brief Interventions)	140,373
Community based treatment and recovery services for adults	2,314,243
Inpatient detox services	
Residential rehabilitation services	271,638
Recovery community initiatives	65,027
Advocacy Services	
Services for families affected by alcohol and drug use	
Alcohol and drug services specifically for children and young people	30,080
Community treatment and support services specifically for people in the justice system	83,806
Other	
Total	2,905,167



7.1 Are all investments against the following streams agreed in partnership through ADPs with approval from IJBs? *(please refer to your funding letter dated 29th May 2020)*

- Scottish Government funding via NHS Board baseline allocation to Integration Authority
- 2019/20 Programme for Government Funding

Yes ☒

No ☐

Please provide details (max 300 words)

All funding decisions are considered at the ADP and IJB approves as part of the annual budget setting process. The IJB are then kept informed through regular financial and activity performance reports across all HSCP Services and have oversight of any variations. In April 2020 the IJB Audit & Performance Committee approved that to improve governance process a separate Annual Report will be considered for their scrutiny and approval.

7.2 Are all investments in alcohol and drug services (as summarised in Table A) invested in partnership through ADPs with approval from IJBs/ Children's Partnership / Community Justice Partnerships as required?

Yes ☒

No ☐

Please provide details (max 300 words)

Yes – as above re IJB approval of all new funding is mainly addressed through the annual budget setting exercise. The funding arrangements for specific funding streams such as Community Justice and Scottish Government funding are detailed separately to allow additional scrutiny.