

ALCOHOL AND DRUG PARTNERSHIP ANNUAL REVIEW 2019/20 (*Perth & Kinross*)

- 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: Perth & Kinross

Key contact:

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Job title: Lead Officer

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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*): Clare Mailer, Head of Housing, Perth & Kinross Council

Representation

The public sector:

- Police Scotland
- Public Health Scotland
- Alcohol and drug services
- NHS Board strategic planning
- Integration Authority
- Scottish Prison Service (where there is a prison within the geographical area)
- Children's services
- Children and families social work
- Housing
- Employability
- Community justice
- Mental health services
- Elected members
- Other Please provide details.....

The third sector:

- Commissioned alcohol and drug services
- Third sector representative organisation
- Other third sector organisations Please provide details.....

- People with lived/ living experience
- Other community representatives Please provide details.....
- Other Please provide details.....



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

- Membership
- Papers and minutes of meetings
- Annual reports/reviews
- Strategic plan [P&K ADP](#)

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

Four

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
- Posters
- Website/ social media
[P&K ADP](#), [RefocusPK](#)
- Accessible formats (e.g. in different languages)
Please provide details.....
- Other
Please provide details.....

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).

During 2019/2020 PK ADP carried out a range of activities to promote key messages from Count 14 to the general public as well as to targeted groups of the population such as older men and within areas of deprivation.

Key messages and campaign materials were distributed through social media and local websites including NHS Tayside, P&K Council and Tayside Council for Alcohol.

Targeted information on campaign messages and supporting resources were sent to Tayside GPs, Pharmacies, Leisure Centres and Libraries. This resulted in a large increase in resource orders with approximately 600 each of the Count 14 posters, Drinks Calculators, Unit Measuring Cups and Making a Change Booklets being ordered in the month following active promotion.

Alcohol awareness stalls were held in Perth Royal Infirmary and Castle Huntly Open Prison providing information and resources on lower risk drinking guidelines. Key campaign messages were incorporated into Tayside's Scotland's Mental Health First Aid training courses, with 8 courses delivered in Perth & Kinross to 133 participants during 2019/20.



Campaign materials were also included on staff intranet sites. An interactive alcohol quiz on NHS Tayside's intranet was accessed by 841 people during Alcohol Awareness Week 2019.

Quarterly alcohol & drug community forums across (planned to begin in March 2020, will be themed around the Quality Principles and will commence once restrictions are lifted)

Monthly recovery calendar published on social media and shared with colleagues in primary care, council, third sector etc for publishing within their own resources.

Weekly bulletin from March 2020 onwards to support information cascade during the period of COVID restrictions.

HMP Perth - Three Partnership Recovery Events were held during the reporting period;

Recovery Walk 2019 completed within the establishment (150 participants). The was preceded by a Recovery village within the Sports and Fitness Centre in partnership with the Scottish Recovery Consortium, NHS, SPS, and third sector partners.

Peter Charad seminar which presented a lived experience, ACES and dysfunctional families' presentation.

Bellany Exhibition, a Recovery art therapy project which displayed artwork from those in our care within Perth museum.

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).

Delivery of the Substance Misuse strand of the health and wellbeing curriculum in all schools in Perth & Kinross supported by the Tayside Substance Misuse Curricular Framework document (launched 2019) and P7 Well Good workshops with a focus on smoking prevention including topics such as addiction and wellbeing. 22 Primary Schools in Perth & Kinross participated in these workshops attended by 501 pupils.

S3 Theatre Tour, 'Your choice' 23 performances were delivered in Perth & Kinross secondary schools, attended by 825 S3 pupils. The drama included a focus on alcohol and drug use and was followed by a confidential question and answer session with representatives from various children and young people providers including Hillcrest Futures and Cool2Talk.

Alcohol and Drugs in the Workplace – delivery of 5 courses to 51 public and private sector managers across Tayside to explore the impact of alcohol and drugs on the workforce, and the steps that can be taken to identify issues and provide appropriate support.

Led by NHS Tayside, 11 Alcohol Brief Intervention Training workshops were delivered throughout 2019/2020 to 140 participants.

Party Hard, stay safe summer events information at Festivals in Perth & Kinross. May till Sept 2019

August Water Safety & Alcohol & Drug Use, this is a localised campaign.

Recovery Walk Sept Recovery Events., ADP organised & supported people in recovery & people with lived experience to attend the Recovery Walk and Recovery Events



1st November 'To Absent Friends. <https://www.youtube.com/watch?v=uB45U5uc8fg&feature=youtu.be>
(2019 Video Event)

HMP Perth - Peer production of Naloxone leaflet and information by prisoner for prisoners. NPS information and specific information on harm reduction on display in all residential and reception areas.

2.4 Was the ADP represented at the alcohol Licensing Forum?

Yes
No

Please provide details (max 300 words)

Vice Chair of ADP was Chair of Licensing Forum for 1 year. He has now stood down and another chair has yet to be appointed.

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

All
Most
Some
None

Please provide details (max 300 words)

NHST Public Health, as a member of the Alcohol & Drug partnership has put forward the case for an overprovision policy to the Licensing Board, this was rejected.



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)

NHS Tayside Substance Misuse Service and PKC Social Work Drug & Alcohol (SW D&A) Team receive information from Scottish Ambulance Service (via NHST Public Health) and Police Scotland (Adult Support and Protection Vulnerable Person report) with respect to any non-fatal overdose incident that either or both services attend. Where a person is known, contact is made by their worker within 72 hours. Where not known, a letter/telephone call from SW D&A Team to the person concerned offering contact and advising of supports available. This service will be augmented to include third sector and peer support services in 2020-21.

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).

Prior to COVID restrictions being implemented, there was a Monday morning drop in clinic that people could access from 9:00am till 12 noon. This is a joint approach, with shared paperwork etc and is facilitated between NHST Substance Misuse Service, P&K D&A Team, Churches Action for The Homeless (CATH), Hillcrest Futures Community Recovery Service and Tayside Council on Alcohol.

Completed assessments are discussed that afternoon at a triage meeting and the service that can offer the most appropriate support for that individual is then able to take forward the referral. Individuals with opiate dependency are then assessed by a nurse and then Non-Medical Prescriber over a 6-week period in order to commence treatment on to OST.

The drop in and triage are both held at Drumhar health centre. Rural drop ins have been trialled in Kinross, Crieff and Pitlochry to supplement this.

Following COVID restrictions, the drop-in clinic was held via telephone 5 days per week. The process for commencing OST was shortened, with people typically starting their OST within 1-5 days of Non-Medical Prescriber assessment. PKADP provided funding for the purchase of secure lock boxes that enabled people to store ORT medication in and provided pre-paid mobile phones for people that were at risk of social isolation during the lockdown phase.

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 care

BBV testing, IEP provision, wound

Buvidal widely available within HMP Perth following initial pilot scheme

Inpatient detoxification available via local inpatient addictions unit.

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).

Community - As mentioned above. The drop-in assessment clinic, facilitated by partner agencies, was piloted in rural areas to make it more accessible than simply being once a week in Perth City. Also, following introduction of COVID restrictions, people have been able to access an assessment every weekday between 9-5 by calling one of two mobile phones.

HMP Perth - Buvidal widely available within Perth prison following initial pilot scheme. All admissions screened and sign posted to services and treatments. Antabuse and Acamprase available on request. Integrated case management and focused orderly rooms centring around a therapeutic approach to promote Recovery.

Greater use of telephone/video consultation for assessment and reviews following introduction of COVID restrictions. Assessment process was also made more efficient to reduce time from assessment to commencing Opioid Substitution Therapy.

The impact of COVID-19 has had a positive effect on partnership working across all public protection areas, with a greater focus on working more closely, accelerating the momentum to create a P&K Public Protection forum.

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

- | | |
|---|--|
| Fibro scanning | <input checked="" type="checkbox"/> |
| Alcohol related cognitive screening (e.g. for ARBD) | <input checked="" type="checkbox"/> |
| Community alcohol detox | <input 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 type="checkbox"/> |
| Arrangements of the delivery of ABIs in non-priority settings | <input type="checkbox"/> |
| Other | <input type="checkbox"/> Please provide details..... |

Recorded ABI delivery continues to decline in Tayside, despite this, specialist substance misuse services continue to receive significant numbers of new referrals from primary care settings across the area. A comprehensive investigation into the decline in ABI delivery was undertaken in 2019 and it was established that pathways for alcohol referrals were still working and alcohol was routinely screened within primary care. However, the recording and delivery of screenings and ABIs was inconsistent across the area resulting in declining recorded numbers. A report outlined improvements to resolve this situation. The recommendations centred on establishing a strategic lead for ABI delivery and improving recording,



monitoring and training of staff in priority settings. Further action is still required in order to implement these recommendations and the three ADPs in Tayside are exploring the options to recruit to a permanent post to achieve this strategic oversight and delivery of the ABI programme.

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 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)

ADP services work to the outcomes as set out in the HSCP Strategic Plan. Commissioned services report on service specific outcomes on a quarterly basis and there is a plan in place for statutory sector substance use services to do the same. We have resisted developing shared outcomes for services as we await the implementation of DAISy and the Recovery outcomes Tool, however, with the above in place, PKADP services are well positioned to be able to do so, should the need arise.

A high-level Performance Framework has been developed to determine the impact of the local system. PKADP has also used the recommendations for the Tayside Drug Death Report 2018 and the Dundee Drug Commission to inform an ADP improvement plan. The ADP Lead has been heavily involved in the development of a self-evaluation framework (PADS Quality) and would anticipate being early adopters of this piece of work.

PKADP has undertaken substantial work to embed the above performance framework over the last two years. The result of which is a set of key performance indicators that can be reported quarterly.

Social Work Drug & Alcohol Team cases are audited annually by selection for both Child Protection and Adult Protection audits.

TSMS Internal operates a quality assurance process via reports to P&K HSCP locality clinical governance and risk groups.

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)

Community Services - The referral pathway for the service user is that they should have a goal of residential rehabilitation. The person should have exhausted what is available locally, be engaged in the model used in the rehabilitation unit e.g. AA or NA for fellowship-based Rehabilitation services. The detox phase is funded by NHS and the rehab phase by Perth & Kinross Council.

HMP Perth - Prison to rehab scheme along with Scottish Government early release scheme



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

HMP Perth - During the early release scheme funds were made available to allow direct entry to residential rehab units. To date HMP Perth has utilised this initiative to allow 2 people in our care to take up secure places and we have another place secured pending HDC review

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)

Community –. Between April 2019 & March 2020, there were eight Recovery Cafes operating across Perth & Kinross.

Hillcrest Futures employed 2 Peer Support workers for the Perth and Kinross area in 2019. They have been involved in the support of several people across the region and have helped to lead recovery cafes in Perth city, Perth prison and in the rural areas such as Aberfeldy, Crieff and Pitlochry. They have also established different groups that people can access such as walking groups, mindfulness groups, art groups and peer support groups.

HMP Perth - Prior to COVID we had several lived experience presentations and visitors to our recovery groups (including ex-offenders). Use of our newly trained peer mentors is not formally recognised but they have been utilised to support those in our care during COVID. Our trained staff have engaged with the inside out recovery community with Perth and Kinross.

For family members:

- 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)

PKADP has, for several years had family members engaged with the ADP, this involves actively taking part in meetings and stakeholder events.



E.P.I.C.S. is a group of carers who are caring for, or have cared for, a loved one with a substance use problem. They offer confidential, non-judgemental support to all those who need it. This group is represented on the ADP.

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
Stayed the same
Scaled back
No longer in place

Please give details of any changes (max 300 words)

PKADP had hoped to establish a Lived Experience Reference Group to act as a “critical friend” to the ADP Strategy Group and to have a more robust representation of lived experience. Plans were drawn up in November 2019, however this has not proved possible due to COVID-19 and lockdown/social distancing measures. The ADP remains committed to this and are considering how to facilitate this group and access to it. This will likely be with the purchase of additional communication devices/digital for use by people with lived experience so they can participate virtually.

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
No

Please give details below (max 300 words)

Hillcrest Futures have employed 2 full time workers in Perth and Kinross. Both Peer Support workers have lived experience of recovery.

Tayside Council on Alcohol provides both employment and volunteering opportunities to people with lived experience.

SMART Recovery is active in Perth & Kinross and offers employment and volunteering opportunities to people with lived experience.

At the request of PKADP, Independent Advocacy Perth & Kinross (IAPK) has developed a lived experience advocacy post in partnership with Scottish Recovery Consortium.

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 type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Homelessness services	<input 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 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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Women's support services	<input 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 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 ... (please detail)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

As at March 2020.

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 around 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)

The ROSC continues to be progressed with the development and strengthening of the weekly multi-agency clinic, set up to ensure that individuals with lived experience, and family members, have a range of services on offer to support their recovery journey. Substance use services have developed constructive links with Social Prescribers to look at this as a way of supporting individuals to transition from substance use services and link back into the local communities, this has also been helped by the development of recovery cafes and a good network of SMART recovery programmes run throughout P&K by the 3rd Sector.

HMP Perth - At present the establishment is developing a training package and strategy to provide an improved focus on Recovery and trauma awareness which is person centred.

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)

There are established positive working relationships between statutory mental health and substance use services with unwritten protocols however no formal arrangements or joint assessments are in place.

The ADP provides funding to the Lighthouse Project, an out of hours, crisis response service for people experiencing distress in Perth and Kinross, this is from the Programme for Government monies. The key role of the service is to operate outside normal office hours and ensure people in distress get the support they need, when they need it. The purpose being to reduce the unnecessary criminalisation of people experiencing mental health challenges or harmful substance use and reduce the impact on partner agencies such as Police, NHS and Housing.

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)

The ADP approved a budget to pilot activities for people in recovery, under the project banner, Active Life Skills Project, a partnership between Scottish Fire and Rescue Service, Westbank Project, and St Johnstone Community Trust. This is funded from the ADP Programme for Government monies.

The activities provided are as follows.

Scottish Fire and Rescue

- Team Building
- Leadership
- Self-Awareness
- Good citizenship
- Fitness

St Johnstone Community Trust

- SFA Coach Education Accredited Course
- Referrals to other projects and activities

Successful participants receive a coaching qualification which will give them access to other SFA coach education courses.

Westbank Project

- Health and Safety
- Project (Split into 2 teams to build picnic bench or similar)
- Forklift and Telehandler Training
- Referrals to other employability projects



Successful candidates receive an accredited qualification in forklift and telehandler operation which is recognised UK wide and essential to obtain work in yards, warehouses, building sites etc.

There is continued support to independent grassroots Recovery group 'RecoverTay' to access funding to support the growth and sustainability of the group. Original peer worker has secured a qualified post after completing SVQ3 health & social care. There is a commitment to supporting the growth of this independent group and others.

PKADP has developed Recovery Cafes throughout Perth & Kinross, eight had been set-up and a move to expand these was actively taking place however, the delivery of these has changed in response to COVID-19 related restriction measures and the requirement for social distancing. The early response to this (March/April 2020) was to develop the use of social media and online platforms as a way of keeping in touch with people. This has continued to be developed in reporting period 2020-21.

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)

Access to psychology available within NHS Tayside Substance misuse services, with access to staff training, supervision and support being made available for all SM staff.

Working with Parents who use Substances' training designed and delivered in partnership between PKADP and P&K Child Protection Committee is 'trauma-informed' and supports the approach in the workforce.

The entire P&K workforce has access to the SDF's trauma training, facilitated by the ADP.

HMP Perth - Limited staff trained in trauma informed practice and the asset-based approach but a training package is being developed and will be implemented in the following reporting year.

The impact of COVID-19 has had a positive effect on the willingness of all public protection areas to work more closely and has accelerated the momentum to create a P&K Public Protection forum, this will support the ongoing development of trauma understanding in the planning and delivery of services.

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



The Community Safety Partnership has developed a new group which meets monthly and is designed to reduce the impact of drugs on people and communities, Police, Safer Communities, SW D&A Team and Housing are standing members of this group. It considers all people who come to notice through harmful substance use and vulnerability. In this reporting period, the group has had a focus on 'cuckooing' and exploitation and seeks to use all resources at the disposal of the various agencies to challenge criminal behaviour and to protect vulnerable users and communities.

HMP Perth - NHS within the establishment are linked into the Dundee Non-Fatal Overdose group and any identified individuals entering the establishment on admission will be interviewed regarding harm reduction and Recovery services

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)

PKADP has taken the decision to await the results of our colleagues in Glasgow's work around alcohol related mortality and the toolkit that Alcohol Focus Scotland are in the process of developing, rather than risk duplication of effort.

NHST Substance Misuse Service review alcohol related deaths if the service user dies in service. There are occasions when service users who are open due to alcohol issues die as a result of drugs and they are reviewed in the same process. NHST Substance Misuse Service receive information from Public Health about deaths and they are reported on a health risk reporting system called DATIX. A local adverse event review (LAER) is planned and takes place. All services involved in the care of the service user are invited. The review looks for any learning or good practice that can be identified and shared. Learning is shared in NHST Substance Misuse Service by memos to staff and discussion in team meetings. This approach can lead to a change in practice where improvement is identified. It is an opportunity for family to receive feedback and support around the death of a loved one

HMP Perth - Subject to Fatal Accident Inquiry, DIPLAR (Death in Prison Learning, Audit Review), and LAER (Local Adverse Event Review)

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)

The Tayside Drug Death Review Group comprises representation from multiple agencies across Tayside.

Suspected drug deaths are notified to the Health Intelligence team within NHS Tayside Public Health. Details are then collected from partner agencies, assimilated and subsequently reviewed by the Tayside Drug Death Review Group to determine if the case should be considered a drug death or not and to identify any emerging trends and key themes to inform strategic work going forward. Specific areas of feedback in relation to a reviewed case are provided directly by the Tayside Drug Death Review Group to the service involved, where appropriate.

Recommendations identified by the Tayside Drug Death Review Group inform the work of the Tayside Overdose Prevention Group and action plans developed by each of the ADPs in Tayside.



PKADP has provided funding to NHST Public Health to employ an additional analyst. The increased capacity to co-ordinate and analyse drug death information continues to be of significant benefit to exploring and understanding drug deaths in Tayside. Over the last 6 months a range of analysis based on local data has taken place to inform ADP partners on the links between non-fatal overdoses and drug death, location of fatal overdose, and age and other demographics of those who have died from a suspected drug death. Continued analysis of substances taken, in what quantity and combination, and monitoring the annual trends in illicit and illicitly obtained drugs is supporting the work of services to educate and create awareness.

This post continues to support and inform the work of services, support organisations, health, police and other individuals and organisations to understand more about why, when, how and where people develop problematic substance use. This ongoing complex subject continues to develop and requires sustained investigation to ensure a breadth of evidence can support people, families and communities affected by addiction and substance use.



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)

There is a range of services for children and families affected by substance use:

The Hillcrest Futures young person's service currently offers support through a tiered model. This is designed to continually support young people as they grow and develop. It is also flexible enough that it can tailor support to an individual's specific needs should it be required or if their behaviours escalate. There are 4 tiers of support which cover the following:

1. Universal Awareness and Engagement: This is suitable for all young people with no specific presenting issues. The information at this stage is tailored to an age appropriate level and is generic in its delivery. May take the form of general awareness sessions/ education sessions or drop ins.

2. Focused Information and Brief Interventions: This is for young people who are starting to engage in risk taking behaviours and have low self-esteem, poor self-confidence, difficult family relationships etc. Information at this level is very specific to an identified need. Brief intervention and Node Link models are used. At this stage there are up to six sessions offered but there is scope to move onto tier three should it be necessary. Delivered via 1-2-1 or group sessions or targeted education sessions.

3. Structured Support: This is a formal, planned support for an identified need with a focus on behaviour change. A strength-based assessment plan is used, and progress is monitored with an Outcome Star. This is for young people who are persistent or high-risk substance users. This structured support is time- limited and will usually be in blocks of 12 weeks. The focus is 1-2-1 coaching.

4. Intensive Support: This is targeted at young people who are known to statutory services and will be facing significant difficulties in their lives. This stage will have been reached if the previous stages have not been successful and the issues are persistent/complex/severe. The interventions will be highly structured and will likely be multi-disciplinary.

Additionally, there are both universal and targeted youth services that have very good knowledge of substance use but do not specialise in this area, operating across Perth & Kinross. Links between Substance Use Services, Youth Services and Community Safety Team, facilitated collaboration to address the needs of young people gathering and consuming alcohol in groups.

Working with schools and youth services, specialist substance use services were able to share their knowledge and experience to support young people to be substance use aware, and to work with them to find other means of evening activity. Through the work of the Housing Schools project again substance use services were able to assist and support this work, that saw workers delivering planned sessions within allocated P&K schools.

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)



Barnardos Hopscotch service supports children aged 5-18 years and families who have been, or are being, affected by parental/carer substance use. Services offered include; individual one to one emotional support – child-led individual sessions using play-based and talking approaches to promote emotional wellbeing, one to one activity based sessions to promote self-esteem building and social opportunities by linking children to activities in their community, Family work to strengthen family relationships and communication and support to parents and carers offering emotional support and strengthening parenting capacity on issues linked to addiction and to help parents/carers feel less isolated and more confident in their roles.

Barnardo's Space4U Service is a commissioned service funded by Perth and Kinross Council and delivered in partnership with TCA. The service operates a flexible service design to support children and families impacted by parental substance use, parental mental health issues, and who may be living in households where there is domestic abuse, across Perth & Kinross. The service delivers work with young people aged up to 16 years and their families to address their needs and wellbeing, and help agencies work together to divert the families from crisis. This focuses on a combination of practical, emotional and therapeutic support on a 1:1 and family basis.

Change is a Must is a multi-agency partnership between Health, Substance Use services and Education & Children Services. This service offers support to pregnant women and those with children aged 0-3years, providing intensive family support.

Tayside Council on Alcohol Kith n Kin Kinship service supports children living in kinship care as a result of parental substance misuse. This service uses a whole family approach but also offers specific direct support to the child/young person.

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 ADP sub group Children, Young People and Families Group (CYPFG) has initiated partnership working with the local Integrated Children's Services Group, as well as engaging with the local Child Protection Committee. The CYPFG meets on a quarterly basis to review and monitor the families affected by parental substance misuse. The Group is chaired by the Head of Service, Education and Children's Services.

Via the ADP Lead Officer and the Chair of the CYPFG, PKADP are represented on the Tayside Regional Improvement Collaborative and has contributed to the Tayside Plan for Children, Young people and Families.

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)
Click or tap here to enter text.

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)
Click or tap here to enter text.

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

- Yes
No

Please provide details (max 300 words)

There is a post hosted within the Social Work D&A Team that is specific to family and carers' support with a range of skills, for example family therapy and bereavement counselling

This is in addition to the EPICS Group, an independent carers support group which is represented on the ADP.

Groupwork and 1:1 support for families is provided by Hillcrest Futures and TCA.

SMART Families and Friends is active in Perth & Kinross

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)
Click or tap here to enter text.



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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Social Activities	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Personal Development	<input type="checkbox"/>	<input type="checkbox"/>
Advocacy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Support for victims of gender based violence	<input type="checkbox"/>	<input type="checkbox"/>
Other (Please detail below)	<input type="checkbox"/>	<input type="checkbox"/>

Please provide additional information (max 300 words)
Click or tap here to enter text.



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)

Twice weekly engagement with HMP Perth Prison Hub; SW D&A Team workers attend to meet with individuals with planned liberation dates to provide information, advice and referral to Drug and Alcohol services. This supports relationship building prior to liberation.

All in treatment are offered naloxone on liberation

PKADP provided additional funding to Prisoner Healthcare to facilitate the recruitment of 0.5 Specialty Doctor, 0.5 Band 7 Advanced Nurse Practitioner, 1.5 Band 6 Non-Medical Prescriber, 1 Band 3 Support Worker.

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)

The SW D&A Team have re-established links with Community Justice Services to provide the support and intervention to individuals who are subject to a Community Payback Order.

In 2018-19 Criminal Justice Service (CJS) funded and carried out a review of services for men in Perth and Kinross. It concluded a transformation is required which can only be delivered with a dedicated project lead. In 2019-20, PKADP contributed £15,000 towards the costs of the Transformation of Men's Services in Perth & Kinross Project. This is funded from the ADP Programme for Government monies.

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)

As stated

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

HMP Perth - upon arrival all at prison all admissions are interviewed by members of NHS and SPS staff and signposted to support for harm reduction and Recovery services

b) Upon release from prison

Partnership between Community Substance Use Services and Prisoner Healthcare continues to be developed. This is supported by additional funding provided by the ADP from the Programme for Government investment. This funding supports timely commencement of ORT and enhanced support provided for throughcare.

The Social Work Drug & Alcohol Team facilitates weekly drop in sessions for short term prisoners at HMP Perth

There is a close partnership between Hillcrest Futures (formerly known as Cair Scotland) and Castle Huntly open Prison – Prisoners have been released to support the allotment in Dundee (prisoners are from all areas including P&K and Angus).

TCA offers 1:1 Mentoring for Men who are involved with CJS or the Prison Service. Includes prisoners on Parole/home leave.

TCA offers Counselling service to prisoners on day release/home leave from Prison.

TCA offers Mentoring group and 1:1 support to women who are involved with CJS OWLS Service.

The Safer Communities Team has introduced a new partnership approach to managing prisoner releases. The people on the list are assessed for risk to themselves and others and information is shared with all relevant agencies including Housing and Drug and Alcohol Services. If a high risk of overdose is identified, then a multi-agency response plan can be developed to mitigate these risks where possible.

HMP Perth - All individuals in Recovery are offered Naloxone training upon release. Contact made with 3rd sector partners to liaise with community mentors through the prison Links centre or, for statutory

cases, local authorities are involved in developing the individuals' licence conditions which may involve compliance with addiction services in the community.



6. Equalities

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

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

Within statutory services there is no age limit other than working with people over the age of 16. There are several people aged over 65 within the service, as well as a number of cases where statutory substance services work in partnership with Older Peoples Services and Psychiatry of Old Age to address and manage presenting needs

6.2 People with physical disabilities

Statutory Substance Services work in partnership with local Disability services to support people who present with comorbidities that include alcohol/ drug use and disabilities. Care and Treatment resources are limited within statutory substance use services, which requires a partnership assessment process to ensure individuals presenting with these comorbidities assessed needs are met.

6.3 People with sensory impairments

There are no specific services to address this particular need although services can make arrangements on a case by case basis.

6.4 People with learning difficulties / cognitive impairments .

There are no specific services to address this particular need although services can make arrangements on a case by case basis.

6.5 LGBTQ+ communities

There are no specific services to address this particular need although services can make arrangements on a case by case basis.

6.6 Minority ethnic communities

There are no specific services to address this particular need although services can make arrangements on a case by case basis.

6.7 Religious communities

There are no specific services to address this particular need although services can make arrangements on a case by case basis.

6.8 Women and girls (including pregnancy and maternity)

Change is a Must is a multi-agency team working in partnership between Health, Drug and Alcohol Services and Education & Children Services, providing Intensive Family Support for children affected by parental substance misuse in Perth & Kinross and women who are pregnant.

One stop Women's Learning Service, (OWLS) is a partnership approach between substance use services, community safety and housing services, the aim of which is to provide a safe and welcoming space in which women, who have been referred through the Community Justice System, can access the support they need to make positive changes



Barnardos Tayside Domestic Abuse Service (TDAS) is a partnership between Barnardos and Police Scotland providing a service to women and children experiencing domestic abuse across Tayside.

The aims are to work towards the reduction and prevention of domestic abuse and enable adults and children to live without the fear of domestic violence and abuse; to work in partnership with Police Scotland and collaboratively with other agencies including Violence Against Women Partnerships to provide adults experiencing domestic abuse and their children with accessible high-quality services



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 2019/20 Programme for Government Funding	1,449,361
Additional funding from Integration Authority	629,950
Funding from Local Authority	15,732
Funding from NHS Board	1,704,664
Total funding from other sources not detailed above	
Carry forwards	
Other	
Total	3,799,706

B) Total Expenditure from sources – will follow

	£
Prevention including educational inputs, licensing objectives, Alcohol Brief Interventions)	
Community based treatment and recovery services for adults	
Inpatient detox services	
Residential rehabilitation services	
Recovery community initiatives	
Advocacy Services	
Services for families affected by alcohol and drug use	
Alcohol and drug services specifically for children and young people	
Community treatment and support services specifically for people in the justice system	
Other	
Total	

As advised, PKADP is not in a position currently to be able to provide the breakdown as noted, within the timescales set. We will provide this by 31 December 2020, in the meantime, please see below breakdown as per previous annual reports.

B) Total Expenditure from sources

	£
Prevention (include community focussed, early years, educational inputs/media, young people, licensing objectives, ABIs)	196,737
Treatment & Recovery Support Services (include interventions focussed around treatment for alcohol and drug dependence)	3,520,469
Dealing with consequences of problem alcohol and drug use in ADP locality	82,500



Total	3,799,706
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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)

PKADP Finance plans are approved and endorsed by the IJB.

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)

Perth & Kinross ADP has a formal arrangement with our partners to take the Annual Reports and Delivery Plans and Financial Plans through the local accountability groups.

Perth & Kinross ADP presently reports to;

Housing and Communities Committee

Integrated Joint Board

Lifelong Learning Committee