



ALCOHOL AND DRUG PARTNERSHIP ANNUAL REVIEW 2019/20 (*Angus*)

- 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: ANGUS

Key contact:

Name: LAURA KERR
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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	<input checked="" type="checkbox"/>
Children's Partnership	<input checked="" type="checkbox"/>
Integration Authority	<input checked="" type="checkbox"/>

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

Chair (*Name, Job title, Organisation*) : Bill Troup, Head of Mental Health Services, Angus Health & Social Care Partnership

Representation

The public sector:

Police Scotland	<input checked="" type="checkbox"/>
Public Health Scotland	<input checked="" 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 type="checkbox"/>
Employability	<input checked="" type="checkbox"/>
Community justice	<input checked="" type="checkbox"/>
Mental health services	<input checked="" type="checkbox"/>
Elected members	<input checked="" type="checkbox"/>
Other	<input checked="" type="checkbox"/> Scottish Fire and Rescue Service

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

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"/> |

Website: [Angus 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 | <input checked="" type="checkbox"/> |
| Posters | <input checked="" type="checkbox"/> |
| Website/ social media | <input checked="" type="checkbox"/> |
| Please provide links | |
| Accessible formats (e.g. in different languages) | <input type="checkbox"/> |
| Please provide details..... | |
| Other | <input type="checkbox"/> |
| 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 Angus 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, areas of deprivation. Key messages and campaign materials were distributed through social media and local websites including NHS Tayside, Angus Council, Cool2Talk 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 3 Health Centres across Angus 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 2 courses delivered in Angus to 37 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 four localities in Angus.

Monthly recovery calendar published on social media, ADP website 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.

Protecting People Angus (PPA) Lunchtime Learning sessions

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 Angus 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.

S3 Theatre Tour, 'Your choice' 21 performances were delivered in Angus secondary schools, attended by 880 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.

Hillcrest Futures Young People Service has delivered Peer education programs across Angus. Participants report increased knowledge and awareness of substances and sexual health as well as improved mental health re anxiety and self-esteem associated to substance use.

Through the delivery of its P7 Workshops, Secondary School Workshops and other one-off group sessions, TCA Angus has provided guidance and information to more than 1800 young people this reporting period. The Friday Night Project operating in Arbroath has continued to be extremely successful in engaging young people in positive activities during what can be regarded as a key risk time. Arbroath Friday Night Project attracted an average of more than 130 young people per week.

2.4 Was the ADP represented at the alcohol Licensing Forum?

Yes
No



Please provide details (max 300 words)

ADP Development officer is a member of the Alcohol Licensing Forum

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)

Angus has had a non-fatal overdose pathway for approximately seven years. Angus Integrated Drug & Alcohol Recovery Service (AIDARS) 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 AIDARS to the person concerned offering contact and advising of supports available.

This process has been refined and enhanced in 2020/21 to include third sector partners with further plans to establish a wider “vulnerabilities” pathway that includes a wider range of services and uses the leaning from the Non-Fatal Overdose Pathway work.

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).

Specific to Angus Integrated Drug & Alcohol Recovery Service (AIDARS), there are occasions when it is not safe to prescribe Opiate Substitution Therapy (OST) or alcohol related medications but this is not a reason for the person to be discharged from service. The service will make efforts to re-engage with that person and get them safely back onto OST or other medication. The service has good relationships with community pharmacies who keep them up to date if someone is deteriorating or missing doses and at risk of disengagement.

There are occasions when people walk away from OST and the service. AIDARS will prioritise getting those people back into treatment should they wish. This can happen through referral or by the service following up on Non-Fatal Overdose or risks highlighted by Police Concern reports at the early screening group for Adult Support and Protection.

All substance use services use a variety of approaches including assertive outreach to re-engage with individuals.

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.....



Inpatient detoxification available via local inpatient addictions unit.

3.3 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).

Drop-in service operating from recovery cafes.

AIDARS operate out of hours “clinics” across Angus

Drop-in Service facilitated by Hillcrest Futures Community Recovery Service, across Angus.

GP specialist in Angus Integrated Drug & Alcohol Recovery Service (AIDARS) who can provide medical screening as well as quick access to Alcohol and Drug medications. The Consultant also provides this quick access to medications.

AADP was supported by Scottish Drugs Forum over the course of 2019 to evaluate the Recovery Orientated System of Care, which included how easy it was to access support. This work took place over the course of 2018-20 and has influenced significant change in service delivery in 2020-21.

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.

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

- Fibro scanning
- Alcohol related cognitive screening (e.g. for ARBD)
- Community alcohol detox
- Inpatient alcohol detox
- Alcohol hospital liaison
- Access to alcohol medication (Antabuse, Acamprase etc.)
- Arrangements for the delivery of alcohol brief interventions in all priority settings
- Arrangements of the delivery of ABIs in non-priority settings
- Other 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. 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)

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

AADP has undertaken substantial work to embed a performance framework over the last two years. The result of which is a set of key performance indicators that are reported quarterly. A portal is currently being developed on behalf of AADP by colleagues in HSCP. This portal will feed into the wider performance management of the CPP, Angus Council and HSCP.

The portal requires to be implemented.

AADP has 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.

As noted, Scottish Drug Forum provided support to AADP over the course of 2018-20, with the final report from this work being made available to the ADP in November 2019. The work constituted engagement with key stakeholders, including people with lived experience in order to evaluate the ROSC and identify potential improvements. The final report forms the basis of developments in 2020-21

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)

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 rehabilitation phase by Angus Council.

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

none



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)

As noted previously, Quarterly Lived Experience Forums are hosted within Recovery Cafes.

The SDF ROSC Development work referenced earlier in this document provided a platform for individuals with lived experience to give their opinion on the effectiveness of the ROSC. This work replaced the typical annual Quality Principles questionnaire sent out by AADP.

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)

Click or tap here to enter text.

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)

AADP 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 with support from Scottish Recovery Consortium, in November 2019, however this has not proved possible

due to COVID-19 and lockdown/social distancing measures. AADP remains committed to this and consideration is being given to how to facilitate this group and access to it – probably with the purchase of additional communication devices for use by people with lived experience.

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)

At the request of AADP, Angus Independent Advocacy has created a lived experience advocacy worker post, in partnership with Scottish Recovery Consortium.

Hillcrest Futures in partnership with AADP, TCA and AIDARS form the Steering group for Peer Involvement and Support in Recovery. The Support in Recovery (SiR) project employs one peer worker with plans to recruit a second (this has been delayed by the pandemic). The project delivers the peer mentoring SVQ which aims to support those with lived experience into learning, volunteering and paid employment.

Hillcrest Futures Community Recovery Service has employed two Peer Support Workers on a two-year contract to support the delivery of services across Angus. They will undertake an SVQ in Health and Social Care as part of their employment contract. The main role of the Peer Support Worker is to support the development of new recovery opportunities and provide inspiration and hope to others working on their personal recovery journey.

Peer Mentor volunteers have supported the daily running of Well Bean Cafes, supporting the delivery of group activities and SMART Recovery meetings. Peer Mentors in Angus have been provided with information on RecoverTAY a grass roots recovery network and will support this to grow in Angus providing a safe social space for those affected by substance use to attend. This will be based on the model used in Dundee where social evenings are provided to add another recovery option to individuals and families.

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 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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
GPs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
A&E Departments	<input 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 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other ... <i>(please detail)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Click or tap here to enter text.

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 is in place and continues to be developed. As stated, AADP had engaged with SDF to support this work, and whilst this was completed, and a good range of information gathered and clear objectives set, the report was provided to the ADP in November 2019. This has influenced developments however these will be noted in the 2020-21 annual report. The AADP Strategic Delivery Plan sets out the direction for the next three years.

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)

Since June 2019 the local Integrated Mental Health and Substance Misuse Services have been working towards developing an Integrated Care Pathway (ICP) to address the needs of those people who present with co-existing conditions. Several initiatives have taken place to increase partnership working between



operational staff (social work, nursing, medics, psychologists, Allied Health Professionals) as well as direct input from carers and advocacy services. Several mapping exercises have taken place to support the development of the ICR, with a proposed completion date of November 2020. A training plan will follow to roll this out within the Angus area, and support engagement within Primary Care.

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)

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 now secured qualified post after completing SVQ3 health & social care. There is a commitment to supporting the growth of this independent group and others.

AADP has developed Recovery Cafes throughout Angus, there are currently three in operation, in Arbroath (Havilah), Montrose and Forfar (Wellbean cafes). Peer Mentor volunteers have supported the daily running of Well Bean Cafes, supporting the delivery of group activities and SMART Recovery meetings. Peer Mentors in Angus have been provided with information on RecoverTAY and will support this to grow in Angus providing a safe social space for those affected by substance use to attend. This will be based on the model used in Dundee where social evenings are provided to add another recovery option to individuals and families.

AADP funded the travel and accommodation costs for a group of individuals who access Recovery Cafes to attend the Recovery Walk in Inverness in 2019.

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 AIDARS staff have had safety and stabilisation training. Psychology Services have developed a service pathway for the implementation of an Emotion Regulation (ER) pathway. 12 staff of AIDARS are now trained in ER with support and supervision to deliver trauma informed interventions at Tier 2 and 3 level. Psychology will continue to offer ER training as part of core training in AIDARS.

AIDARS psychology service is trained in Survive and Thrive and intends to work with Angus Community Mental Health Team (CMHT) to determine how AIDARS service users can link into Survive and Thrive groups run by CMHT. AIDARS psychology offer consultations/ formulation sessions around trauma informed care supporting AIDARS staff to implement safety and stabilisation interventions as required. AIDARS psychologist also provides highly specialist trauma work including Schema Therapy.

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)

AADP 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

AIDARS review alcohol related deaths if a 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. AIDARS 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 AIDARS by memos to staff and discussion in team meetings. It can lead to a change in practice. It is an opportunity for family to have some feedback and support around the death of a loved one.

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.

AADP 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)

AADP funds Participatory Budgeting for young people across Angus, which is managed by the Angus Council Communities Team on behalf of AADP.

Hillcrest Futures Young People Service has been continuing to provide Peer Education to young people 12-25 priority groups in schools as well as community drop ins. 44 Young people with and without lived experience have engaged with 3 programmes during this reporting period. Each programme is tailored to suit the needs of the young people and will last between 4 – 8 weeks. Topics covered include substance use, harm reduction, risky behaviour, sex and the Law, STIs and condoms. Young people have grown their own mutual aid from attending these groups with staff acting as a facilitator to provide support and direction. Most notable increase of improvement has been around drug use, meaningful use of time and family and relationships.

TCA Angus Connect provides support to young people engaged in risk taking behaviour, with a focus on substance use. It works with YP 12-25. TCA's counselling service is available to YP aged 16+ and is currently developing a child/young person's counselling service

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)

AADP commissions the Rory resource from Alcohol Focus Scotland for delivery in school settings

ADP funds Participatory Budgeting for young people across Angus as noted in 4.1.

Angus Council Children's Services funds Barnardo's Hopscotch and Hillcrest Futures – Young People Service to support children and young people affected by substance use. Barnardo's 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.

Hillcrest Futures – Young People Service is described in 4.1

Kith n Kin in Angus works directly with children living in kinship arrangements due to parental substance use. Angus Connect also offers 1-1 and group support to children impacted by another's substance use.



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)

AADP subgroup Children, Young People and Families Group (CYPFG) has initiated partnership working with the local Integrated Childrens 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

Via the AADP Lead Officer, and the Chair of the CYPFG, AADP 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)

Angus Carers is commissioned by AADP to provide specific carers support services for adult family members and friends of people who use drugs and alcohol.

SMART Family and Friends is also commissioned by AADP.

TCA's counselling service is available to significant others

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)
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)

AADP has provided funding toward the Glen Isla and Glen Clova Projects. These are projects that offer trauma focussed support for women who have a history of offending and/or are considered vulnerable in the community.

The Chief Officers Group has established the "Chairs and Lead Officers Group" under the "Protecting People Angus" banner. This group facilitates information sharing and joint approaches across the Community Justice Partnership, Child Protection Committee, Adult Protection Committee, Suicide Prevention Collaborative, Violence Against Women Partnership, the ADP and MAPPA.

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 5.2.

For the period 2019-20, the Vice Chair of AADP was a Service Leader for Justice in Angus Council Children and Justice Directorate.



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

If the individual is known to Justice services the Case Manager will contact the drug and alcohol service within the pertinent locality via telephone or email to advise of the individual's arrest. If unknown to Justice, the police or prison have the responsibility to liaise with the appropriate drug and alcohol service within the person's locality. If a Community Justice Social Work Report has been requested and it has been identified the individual is suffering from alcohol or drug issues the report writer will make an appropriate referral to the service in their locality.

Upon sentencing, if the individual has been given a community sentence the Case Manager will relay this information to the drug and alcohol team and will continue to liaise with the team, alternatively if the person has been given a prison sentence whilst subject to a current Order the Case Manager will regularly liaise with the prison drug and alcohol service until time of release. Those who are not subject to a statutory Order are offered Voluntary Throughcare support by a Community Justice Assistant for a period of twelve months post-sentence.

At least six-weeks prior to an individual's release the worker will contact the drug and alcohol service, to advise the locality the individual is returning to and provide details of any prescriptions etc to allow an appropriate pharmacy to be identified, ensure the transfer of the prescription and any appointments dates are arranged.

b) Upon release from prison

On the day of release the worker will contact drug and alcohol services to advise of the individual's and to relay any relevant information to the individual and provide an opportunity for the individual to raise any concerns with their key worker/prescriber. Throughout the period the individual is subject to an Order or accepts Voluntary Throughcare the worker will liaise closely with the key worker as and when required.

Individuals are asked at the beginning of any statutory or voluntary involvement with Justice if they would like their worker to liaise with their family. If consent is given, the worker will provide updates on the welfare of their family member prior to release. Upon release if a person is returning to the home of a family member, home visits will be undertaken in the presence of the family, therefore involving them in the recovery of the individual from the onset of their return back in to their home and community.

In line with the vision of rapid rehousing, the Sustainable Housing on Release for Everyone (SHORE) National Standards were published in December 2017 to ensure that the housing needs of individuals in prison are handled at an early stage, in a consistent way across Scotland. Supported by the Angus Community Justice Partnership, the Angus Prison Protocol has been reviewed and adopts the pathway concept of the SHORE standards setting out how the housing needs of individuals from Angus should be considered:



- on imprisonment
- during sentence
- prior to and following release.

Where homelessness cannot be prevented, the revised protocol aims to secure permanent accommodation for individuals leaving prison, avoiding prison leavers entering the homeless system and being placed into temporary homeless accommodation, where possible.

The revised protocol was implemented with HMP Perth prisoners and other prisoners who made contact requesting assistance from April 2019 and fully implemented when the SPS Information Sharing Agreement and the SPS weekly report was implemented in Angus in February 2020. Work is ongoing to evaluate the effectiveness of the revised protocol and consider how we can strengthen links with other support services, including drug and alcohol services.



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*)
Substance Use services have no age limit.

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 several 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 with AIDARS service, 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 these needs although services can make arrangements on a case by case basis

6.4 People with learning difficulties / cognitive impairments .

Services work with other teams for those with learning disabilities and use appropriate legislation if cognitive impairment is an issue such as AWI and ASP.

6.5 LGBTQ+ communities

Click or tap here to enter text.

6.6 Minority ethnic communities

Click or tap here to enter text.

6.7 Religious communities

Click or tap here to enter text.

6.8 Women and girls (including pregnancy and maternity)

Glen Isla and Glen Clova, as referenced in section 5.2. AADP has provided funding toward the Glen Isla and Glen Clova Projects. These are projects that offer trauma focussed support for women who have a history of offending and/or are considered vulnerable in the community.

Barnardos Tayside Domestic Abuse Service (TDAS) is a partnership between Barnardo's 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	1,543,086
2019/20 Programme for Government Funding	
Additional funding from Integration Authority	467,015
Funding from Local Authority	114,587
Funding from NHS Board	1,468,171
Total funding from other sources not detailed above	-
Carry forwards	-
Other	-
Total	3,592,860

B) Total Expenditure from sources

	£
Prevention including educational inputs, licensing objectives, Alcohol Brief Interventions)	48,707
Community based treatment and recovery services for adults	2,687,881
Inpatient detox services	111,785
Residential rehabilitation services	0
Recovery community initiatives	19,316
Advocacy Services	0
Services for families affected by alcohol and drug use	109,998
Alcohol and drug services specifically for children and young people	56,000
Community treatment and support services specifically for people in the justice system	114,587
Other	444,586
Total	3,592,860



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)

AADP 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)

Click or tap here to enter text.