



**ALCOHOL AND DRUG PARTNERSHIP ANNUAL REVIEW 2020/21: Perth and Kinross ADP**

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

This form is designed to capture your **progress during the financial year 2020/2021** 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 2020/21. Please note that we have opted for a tick box approach for this annual review but want to emphasise that the options provided are for ease of completion and it is not expected that every ADP will have all options in place. We have also included open text questions where you can share details of progress in more detail. Please ensure all sections are fully completed. **You should include any additional information in each section that you feel relevant to any services affected by COVID-19.**

The data provided in this form will allow us to provide updates and assurance to Scottish Ministers around ADP delivery. The data will also be shared with Public Health Scotland (PHS) evaluation team to inform monitoring and evaluation of drugs policy.

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

In submitting this completed Annual 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 2021** to:  
[drugsmissiondeliveryteam@gov.scot](mailto:drugsmissiondeliveryteam@gov.scot)



**NAME OF ADP:** Perth & Kinross

**Key contact:**

**Name:** Charlie Cranmer

**Job title:** ADP Coordinator

**Contact email:** ccranmer@gmail.com

## 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 2020/21?

Chair (*Name, Job title, Organisation*): Clare Mailer, Depute Director, Perth and Kinross Council

#### 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 checked="" type="checkbox"/>
Employability	<input type="checkbox"/>
Community justice	<input checked="" type="checkbox"/>
Mental health services	<input checked="" type="checkbox"/>
Elected members	<input type="checkbox"/>
Other	<input type="checkbox"/> Please provide details.....

##### *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 checked="" type="checkbox"/>
Other community representatives	<input type="checkbox"/> Please provide details.....
Other	<input type="checkbox"/> Please provide details.....



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

- |                                |  |
|--------------------------------|--|
| Membership                     | <input type="checkbox"/>   |
| Papers and minutes of meetings | <input type="checkbox"/>   |
| Annual reports/reviews         | <input checked="" type="checkbox"/>  |
| Strategic plan                 | <input checked="" type="checkbox"/> <a href="#">Perth &amp; Kinross Alcohol and Drug Partnership</a> |

1.4 How many times did the ADP executive/ oversight group meet during 2020/21?

4 times

1.5 Please give details of the staff employed within the ADP Support Team

Job Title	Whole Time Equivalent
1. ADP Coordinator	1.0
2. ADP Development Officer	1.0
3. Business Improvement Officer	0.5
4. Contracts & Commissioning Officer	0.3

Total WTE: 2.8

## 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 ☒

[Perth & Kinross Alcohol and Drug Partnership Focus on Alcohol & Drugs](#)

Accessible formats (e.g. in different languages) ☒

Please provide details.....

Other ☐

Tayside Council on Alcohol (TCA) promotes its services primarily via a Website. A new website has recently been launched and will be further developed over the next year and social media. To supplement this TCA also have a stock of information and advice leaflets, a supply of leaflets in Polish and specific material for people over 50 and women

Independent Advocacy Perth and Kinross (IAPK) were unable to consistently use leaflets due to COVID restrictions. While Some were sent to social work departments and doctors' surgeries, footfall was low in these places.



2.2 Please provide details of any specific communications campaigns or activities carried out during 20/21 (E.g. Count 14 / specific communication with people who alcohol / drugs and/or at risk) (max 300 words).

The ADP website is currently under review. Monies have been identified to retender this. Communications concerning what to expect from services, particular medications, wellbeing and recovery are developed throughout the year. The HSCP Communications Team also support ADP communication needs.

During the pandemic, the ADP funded the purchase of mobile phones and data bundles to support individuals to connect with support services/resources.

IAPK – These activities were limited due to COVID. However the advocate managed to deliver awareness sessions for staff. For example: social work team meetings (to inform them of the new service). Awareness raising sessions were also organised at Churched Action for The Homeless (CATH) to further develop the identity of IAPK. Contacts were made with a variety of organisations both at a local and national basis including: The Neuk, Hillcrest Futures and Scottish Families Affected by Alcohol.

Hillcrest Futures - As a response to reducing overdose within Perth & Kinross, Hillcrest Futures peer workers have been embedded within the Injecting Equipment Provision (IEP) site at Drumhar Health Centre in Perth City. This has enabled relationships and trust to be built thereby ensuring a seamless transition when it has come to making links into other services and working as an advocate on behalf of people who need support.

By having a peer worker involved in the delivery of the IEP service it has enabled for further footfall to be signposted to the service where brief interventions around safer injecting, overdose and naloxone have taken place. In addition, having a worker that has a joint role within the community has resulted in a wider reach when identifying individuals who have been requiring treatment for Hepatitis C.

In November 2020, in a response to the increased awareness of polydrug use and stimulant use in the run up to the festive period, two new "ODnotMe" posters were developed to raise awareness. The overdose campaign was developed again in partnership with people with lived experience and has since continued to raise awareness of the risk factors of drug related overdose, provide safety advice, and reduce community stigma around overdose. The peer worker was influential in gathering information from people who used services before sharing these with local services on completion.

HMP Perth - During this period the Scottish Prison Service (SPS) as with other organisations was limited due to the pandemic and the guidance/restrictions to manage and keep prisoners and their families safe. During the highest level of restrictions the Recovery Team member continued to engage with face to face consultations and NHS partners conducted face to face and telephone consultations with those who experienced problematic substance use. As restrictions eased, face to face contacts have started to increase and the reintroduction of our recovery cafes and SMART Recovery sessions are planned.

2.3 Please provide details on education and prevention measures/ services/ projects provided during the year 20/21 specifically around drugs and alcohol (max 300 words).

The Tayside Schools Drug Related Incidents Guidelines were developed during 2020 by representatives from Education Services and schools from Perth & Kinross, Dundee and Angus in collaboration with Police Scotland. The aim of the document was to update very dated guidance which existed in all three areas and to ensure consistency in practice across the three local authorities. Whilst the Guidelines

include paper documentation for schools to record details of incidents, in Perth and Kinross we have adopted an electronic recording system to assist schools, and to support central staff in ensuring there is oversight over concerns being raised in schools.

Hillcrest Futures - Throughout 2020, during the pandemic, Hillcrest Futures were able to provide essential IEP and a Harm Reduction Service from Drumhar Health Centre to those still requiring essential IEP. Training and awareness of naloxone was provided to people in the community accessing recovery groups and mutual aid, as well as family members and significant others who may be supporting someone at risk.

Hillcrest Futures Adult Drug and Alcohol Service and IEP Service provided people with mobile phones and data so they had a means of accessing further support and contact with others. This included people coming out of prison as part of the early prisoner release initiative.

The recovery communities' worker prior to lockdown had established both individual and group work preparation for people about to enter detox as well as individual and group work for relapse prevention when individuals leave detox and come back into the community. This worker was an on-going facilitator of SMART recovery and acted as a lead for the delivery of Recovery cafes across Perth and Kinross.

The community worker established groups and one to one support for those about to enter detox as well providing relapse prevention when people leave detox. Working in partnership with the harm reduction team this has given opportunities to ensure naloxone and overdose prevention was provided at the point of someone leaving detox as well as ensuring people have the right intervention at the right time. Online SMART Recovery has been developed during lockdown to continue mutual aid whilst going through a pandemic and will continue in both face-to-face and online to ensure accessibility for all and cover the rural nature of Perth & Kinross. In addition, peer naloxone trainers delivered 73 overdose awareness sessions to people or groups at risk of overdose. Peers have also supported the delivery of Opioid Substitution Treatment (OST) on 37 occasions as well as supplying postal IEP equipment to people not able to access a fixed site. This was done on 29 occasions.

Hillcrest Futures supported the local authority by delivering OST medication across Perth & Kinross to individuals who had been unable to collect themselves. This led to new self-referrals from interactions at the doorstep. One to one support has been provided using a number of methods including phone and text contact, face to face appointments which have been held in community settings and Zoom face to face appointments.

HMP Perth - As COVID restrictions ease, it is planned to increase face to face contacts but also retain telephone consultations, reintroduce recovery cafes, SMART Recovery sessions and other interventions e.g., Mindfulness and Drama Recovery sessions in a purpose developed Recovery HUB. It is also planned to introduce Recovery sessions within residential areas to improve engagement with hard-to-reach individuals and to reintroduce Naloxone Training with information notices on harm reduction in all areas including the visit area. The introduction of a radio station has enabled regular broadcasts on harm reduction to take place as have recorded broadcasts from all visitors of interest which ensures the preventive/harm reduction message is maximised.

## 2.4 Please provide details of where these measures / services / projects were delivered

- |                                    |                                     |
|------------------------------------|-------------------------------------|
| Formal setting such as schools     | <input type="checkbox"/>            |
| Youth Groups                       | <input type="checkbox"/>            |
| Community Learning and Development | <input type="checkbox"/>            |
| Other – please provide details     | <input checked="" type="checkbox"/> |



As a result of reports of young people gathering in Perth City in March 2021, funding was provided to the youth engagement team to carry out a range of activities in conjunction with key partners such as Police Scotland and the third sector to engage young people and provide support and information on a range of issues such as substance use, mental health and sexual health.

There are also plans to design survival kits for young people which will be rolled out in secondary schools across Perth City. This will focus on making young people safer and will include basic drug education, first aid and sexual health.

TCA – The impact of the pandemic and the diversion of resources has limited TCA's ability to deliver this type of work in these settings. Premises being closed or not allowing visitor access have been contributing pandemic related factors.

IAPK – Team sessions, phone calls, emails and letters were measures adapted for COVID. Where there was a lowered risk, some face-to-face advocacy was offered. Meetings, such as hearings, continued and the advocate attended.

2.5 Please detail how much was spent on Education / Prevention activities in the different settings above

Formal setting such as schools  
Youth Groups  
Community Learning and Development  
Other – please provide details

As a result of the pandemic, there was minimal spend attributable to the ADP when compared to previous years prior to the pandemic.

2.6 Was the ADP represented at the Alcohol Licensing Forum?

Yes ☐  
No ☒

Please provide details (max 300 words)

The Licensing Forum has not met during the time of this report. The Vice Chair of the ADP was previously the Chair of the Licensing Forum.

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

All ☐  
Most ☐  
Some ☐  
None ☒

Please provide details (max 300 words)

NHS Tayside, as a member of the Alcohol and Drug Partnership, has previously put forward the case for an overprovision policy to the Licensing Board, but 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 2020/21 was there an Immediate Response Pathway for Non-fatal Overdose in place?

Yes ☒

No ☐

In development ☐

Please give details of developments (max 300 words)

The Integrated Drug Alcohol Recovery and Treatment (IDART) service receive information from the Scottish Ambulance Service, via NHS Tayside Public Health and Police Scotland via an 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, a letter/telephone call from IDART to the person concerned offering contact and advising of support available is made. It was planned to augment the service to include third sector and peer support services in 2020-21 to provide assertive outreach to people not currently known to services. However, as a result of the pandemic, this will now be implemented in 2021-22.

Hillcrest Futures - Hillcrest Futures Harm Reduction and Adult Drug and Alcohol teams support the Perth & Kinross Non-Fatal Overdose Pathway (NFOD) Pathway and have been involved in the initial stage development as well as the operational outreach that follows. Hillcrest Futures received funding from Drug Death task force to support with this work and contribute to more brief interventions around overdose awareness. The team meets virtually on a daily basis and discuss each NFOD incident. At the meetings a safety plan is developed for each individual, and it is planned that assertive outreach workers will make contact with every individual within 72 hours of the incident and offer appropriate support/ and or access to services.

HMP Perth - To address the high level of incidences where naloxone was administered to those in the care of HMP Perth, a Prisoners of Concern Group was introduced. This is a multi-functional group which meets every morning to discuss cases that have been referred. This group also take referrals for and discusses those individuals who have been managed under Management Of those at Risk of any Substance policy (MORS) or individuals displaying mental or physical health issues.

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 and during COVID-19. Are services fully open at normal levels / blended services on offer? (max 300 words).

Prior to COVID restrictions being implemented, a weekly drop-in clinic was in operation at Drumhar Health Centre. This is a joint approach facilitated between IDART, CATH, Hillcrest Futures Community Recovery Service and TCA. Following the implementation of COVID restrictions, the drop-in clinic was held five days per week. The process for commencing OST was shortened with people typically starting their OST within 1-5 days of a non-medical prescriber assessment. Perth & Kinross ADP provided funding for the purchase of secure lock boxes that enabled people to store OST medication and provided prepaid mobile phones for people that were at risk of social isolation during lockdown. This helped reduce the risk of vulnerable people becoming isolated and unable to access support and medication.

TCA - TCA services have remained open throughout. During the lockdown periods services were primarily delivered via phone or virtual platforms. A 'RAG' rating system was used to identify those most at risk, including those at risk of self-harm or suicide. These individuals were offered enhanced levels of support, including direct contact where risk assessment and management processes indicated this was both needed and safe for all parties. As lockdown restrictions eased, TCA services began to open



up more fully while maintaining the use of a blended approach to engagement which continues to work well.

IAPK – During COVID, most work was undertaken virtually by Teams, phone and email with advocacy partners.

Hillcrest Futures - Hillcrest Futures are a partner on the NFOD pathway and take part on the daily call, responding to the needs of those most vulnerable and at risk. Hillcrest Futures Adult Drug and Alcohol team staff in partnership with harm reduction have supported assertive outreach visits to community hostels, supporting harm reduction drop ins in the community, supplying Take Home Naloxone, and supporting access to treatment as well as informing and providing overdose awareness training to staff. During Covid 19 pandemic Hillcrest Futures team assisted with the delivery of OST alongside statutory treatment services to those most vulnerable.

Contact was made with most people by telephone during lockdown as people could access support through local drop –ins or scheduled appointments. Harm reduction services remained open throughout the pandemic providing people with mobile phones, hope Boxes and wellbeing packs to improve mental wellness during this time.

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

- |  |  |
|--|--|
| Same day prescribing of OST                    | <input type="checkbox"/>                             |
| Methadone                                      | <input checked="" type="checkbox"/>                  |
| Buprenorphine and naloxone combined (Suboxone) | <input checked="" type="checkbox"/>                  |
| Buprenorphine sublingual                       | <input checked="" type="checkbox"/>                  |
| Buprenorphine depot                            | <input checked="" type="checkbox"/>                  |
| Diamorphine                                    | <input type="checkbox"/>                             |
| Naloxone                                       | <input checked="" type="checkbox"/>                  |
| BBV Screening                                  | <input checked="" type="checkbox"/>                  |
| Access to crisis support                       | <input checked="" type="checkbox"/>                  |
| Access to detox from opiates/benzos - rehab    | <input type="checkbox"/>                             |
| Other non-opioid based treatment options       | <input type="checkbox"/> Please provide details..... |

Perth and Kinross ADP were successful in securing funding from the Drug Death Taskforce fund to rollout Buprenorphine across Perth and Kinross.

### 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 20/21 (max 300 words).

The advent of COVID-19 meant that many individuals with long-term health conditions had to self-isolate and/ or shield. Therefore, arrangements were required to be made to ensure that access to medications were uninterrupted. Although some community pharmacies offer a free medication delivery service, this is not part of the NHS contract and does not cover daily delivery of controlled drugs. In addition, disruption to public transport services across Perth and Kinross impacted on individuals being able to access community pharmacy.



IDART reviewed all their patient records to risk assess and identify individuals who could have supervision and/ or dispensing schedules relaxed during the pandemic. This review process balanced risk of overdose and diversion of harmful controlled drugs into communities against risk of COVID-19 to patients, public and community pharmacy services. Approximately 40% of patients had supervision requirements removed. Individuals who were identified as high risk of vulnerable, or new to treatment had daily supervision maintained.

Where individuals were self-isolating and unable to identify a named person/patient representative, staff delivered dispensed medications including OST. Based on assessment of risk, OST delivery was undertaken by one or two staff members from a range of service providers including the third sector. These measures helped ensure people have been able to access medication during the pandemic while reducing their risk of contracting COVID-19. This is significant given that a large number of people requiring OST have underlying health conditions so are at greater risk of severe illness or death if they contract COVID-19.

TCA - TCA adopted and increased its use of telephone and virtual contact to ensure individuals could continue to access support whether that be ongoing, or for initial engagement. TCA continued to be involved with Perth Triage multidisciplinary group which meets on a daily basis in order to provide a streamlined pathway for individuals to be referred on to the most appropriate service(s) at first contact. TCA are also part of the daily NFOD meetings.

IAPK – Normal ways of working were quickly adapted from the start of lockdown. Changes were made such as engaging in group or individual virtual meetings. Telephone was also used to receive peoples' views and discuss statements. Each partner was viewed individually and the best way of communicating with them was assessed to enable the service to remain current. In addition to virtual means, safe spaces such as gardens were used.

HMP Perth - HMP Perth increased the Recovery Team to two members of staff and this has allowed an expansion of the recovery programme and the introduction of Recovery sessions within the residential function areas. The HUB has been redesigned and refurbished to be more user friendly and inviting to ensure positive engagement and encourage others to attend. The introduction of the Radio station has also enabled messages to reach a larger audience and advertise the services that area available. The establishment has also expanded its custody to rehabilitation services to now include those being released on Home Detention Curfew.

### 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 checked="" type="checkbox"/> |



Arrangements of the delivery of ABIs in non-priority settings ☒  
Other – Please provide details ☐

Recorded ABI delivery remains an ongoing issue which was apparent prior to COVID restrictions being imposed. Specialist substance misuse services were receiving significant numbers of new referrals from primary care settings, and this is expected to increase in 2021-22 once restrictions are lifted.

A comprehensive investigation into the decline of ABI delivery was undertaken in 2019. It was established that recording and delivery of screenings and ABIs was inconsistent across the area resulting in a decline in recorded numbers. It has therefore been recommended that a strategic lead for ABI delivery across Tayside should be established. The three Tayside ADPs will seek to recruit to a permanent post to achieve this in 2021-22.

Community Alcohol Detox Service – The ADP have identified funding to support a multi-agency Community Alcohol detox service to be developed and embedded across Perth & Kinross. IDART will lead on its development.

HMP Perth - NHS staff are available to deliver on prescription alcohol detox, also Antabuse prescription and alcohol brief interventions.

#### *People engage in effective high quality treatment and recovery services*

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

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

3.7 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 for statutory sector substance use services to do the same.

A high-level Performance Framework has been developed to determine the impact of the local system. This has seen the introduction of a set of key performance indicators that are reported quarterly. Perth & Kinross ADP has also used the recommendations of the Tayside Drug Death Report and the Dundee Drug Commission recommendations to inform its work.

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

Tayside Substance Misuse Services operate a quality assurance process via reports to Perth & Kinross HSCP locality clinical governance and risk groups.

TCA - Contracted third sector services continued to be monitored by the Local Authority contracts team, reporting both activity and outcome data. TCA continued to report waiting times data.



IAPK – Pre-COVID, IAPK had a system in place for measuring the impact of independent advocacy and seeking feedback as part of an evaluation. This proved more difficult since COVID as people had other priorities. Feedback has continued to be sought on an individual basis where appropriate. As a result of this, quotes from advocacy partners and referrers have been captured as feedback. The more focussed evaluation will be restarted as soon as possible.

Hillcrest Futures - Hillcrest Futures submit quarterly indicators to the local authority to ensure targets/success indicators are being met as well as submitting quarterly HEAT A11 Drug and Alcohol Waiting times information is being adhered to.

Thank you for completing the recent Scottish Government ADP Pathways Survey, which gathered data for 2019/20. The following questions look to gather the same data for 2020/21.

3.8 Were there pathways for people to access residential rehabilitation in your area in 2020/21?

Yes ☒

No ☐

Please give details below (including referral and assessment process, and a breakdown between alcohol and drugs referrals) (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., AAS or NA for fellowship-based rehabilitation services. The detox phase is funded by NHS and the rehabilitation phase is funded by Perth and Kinross Council.

HMP Perth – HMP Perth has expanded its custody to rehabilitation services to now include those being released on Home Detention Curfew

3.9 How many people started a residential rehab placement during 2020/21? (if possible, please provide a gender breakdown)

HMP Perth - Three individuals have been supported through the Custody to rehabilitation scheme during this reporting year. There is also another place secured and awaiting an entry date for an individual being released under Home Detention Curfew



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

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

*For people with lived experience:*

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

Please provide additional information (optional)

TCA – TCA regularly collect feedback from service users. This is reported via the contract monitoring template. At present, there are no peer worker/ peer mentors but there is scope to support this moving forward.

IAPK - IAPK recruited a Peer Independent Advocate – Drug and Alcohol in September 2020. IAPK have been able to provide independent advocacy throughout COVID restrictions, with no downturn in referrals. Face to face advocacy has been limited at times but this has still been provided within safe measures where possible. Remote working has also continued throughout.

Hillcrest Futures - People with lived experience have played a vital role in the development of services over the last year. Regular feedback has been sought for the reimplementation of Recovery Cafes across the region, particularly rurally, and people with lived experience have held positions on planning and steering groups for these. Additionally, people with lived experience have played a significant role in the implementation of a stigma project. This involved the collection of opinions and feedback from people with lived experience regarding the common language that is often used in respect of addiction/recovery. This will form the basis of an on-going campaign that will seek to enlighten professionals and the general public about how important and impactful our words can actually be.

*For family members:*

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

Please provide additional information (optional)

Perth & Kinross ADP 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 are confidential, non-judgemental support to all those who need it. This group is represented on the ADP.



HMP Perth - Staff members continue to engage with the inside out recovery community and internal recovery services have been expanded as restrictions have eased. The recovery programme includes sessions where those with lived or living experiences deliver presentations to those in the care of HMP Perth. The radio station has also been utilised to broadcast recordings of those with living or lived experiences to the establishment.

3.11 Had the involvement of people with lived/ living experience, including that of family members, changed over the course of the 2020/21 financial year?

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

Please give details of any changes (max 300 words)

Perth & Kinross ADP 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. 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. There are options to purchase additional communication devices for use by people with lived experience so they can participate virtually.

The SRC has offered its support to Perth & Kinross ADP to develop a grassroots recovery movement in Perth & Kinross. A three-year plan has been developed. Year one will utilise the existing recovery budget to carry out extensive stakeholder engagement and associated mapping to inform the development of year 2 and 3 activity. Perth & Kinross ADP has budgeted for a Recovery Communities Development Officer to be located within the existing ADP Support Team in years 2 and 3, with the responsibility for supporting grassroots recovery movements in Perth & Kinross. This will be developed in collaboration with SRC which has already undertaken some “light touch” consultation on behalf of the ADP and confirmed the need for this approach in order to make Recovery visible, support access to services, enhance aftercare following residential rehab and provide some mitigation against the risks of non-fatal overdose and drug death.

HMP Perth – Engagement with the SRC and increased staffing levels has enabled the establishment to improve its involvement of people with lived or living experiences.

3.12 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)

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



TCA - Across the organisation an SVQ in peer mentoring is available. However due to restrictions it's not been possible to run this this year.

IAPK - IAPK's Peer Advocacy Worker has lived experience and brings a wealth of knowledge and depth of understanding that has been valuable in this role.

Hillcrest Futures – Hillcrest Futures currently employ two Peer Support Workers. They have added to the team in a hugely positive way and have helped to deliver: SMART Recovery groups, mindfulness groups, walking groups, the provision of IEP, general harm reduction, prescription delivery during lockdown and social evenings. They have also been at the forefront of the establishment of a network of Recovery Café's across Perth and Kinross. In April 2020, workers started two walking groups in Perth every Monday and Wednesday which given the impact of restrictions has seen a total of 19 people take part. In order to reduce isolation and loneliness as well as raise awareness of what services were in operation during these times, walking and talking socially distanced were an opportunity to provide support and motivation, as well as a little physical exercise and a stimulus to improve mental wellbeing. The walking group were very well received by those attending and provided a good all-round benefit to individuals.

Mindfulness sessions were delivered on a weekly basis and a relaxation group took place every Friday via Zoom. This was specifically requested by two people who use the service and has been accessed by 14 people.

HMP Perth – HMP Perth is in the process of securing funding to employ a person with lived/living experience to support the Recovery programme.

#### People access interventions to reduce drug related harm

3.13 Which of these settings offered the following to the public during 2020/21? (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 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 type="checkbox"/>

Click or tap here to enter text.



*A person-centred approach is developed*

3.14 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)

Prior to COVID, the ROSC was continuing to develop and build on the progress that had already been made. This had seen the development and strengthening of a weekly multi-agency clinic that was set-up to ensure that people with lived experience and their family members were offered a range of services to support their recovery journey. There were a number of Recovery Cafes in operation and plans to expand these throughout Perth and Kinross along with a good network of SMART recovery programmes that ran throughout Perth and Kinross.

Throughout 2020-21, during the pandemic, rather than looking to further expand the ROSC, the focus has been on ensuring that people with lived experience and their families have been supported in spite of the restrictions that communities have had to live under. This has seen many services move to telephone and other forms of non-face-to-face physical interaction. For example, the weekly multiagency clinic moved to a 5 day telephone model, virtual recovery cafes were established and postal delivery of naloxone and IEP was rolled out.

HMP Perth - Justice Healthcare Services (prison healthcare and custody healthcare) provide naloxone, HepC testing and wound care as appropriate

Hillcrest Futures - Hillcrest Futures provided a person-centered approach and building on the strengths and resilience of individuals, families and communities. Hillcrest Futures offers choice by providing a flexible menu of services and supports designed to meet each individual's specific needs, with the aim of building on assets rather than emphasizing barriers.

3.15 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.

Perth and Kinross ADP will be joining the Delivery Group of the Integrated Mental Health and Substance Use Pathfinder project 2021. This project will prototype a new model and pathway of care, with a view to spreading good practice, innovation and learning about "what works" Scotland-wide to drive improvement and change in developing and delivering integrated and inclusive Mental Health and Alcohol and Drugs services.



IAPK – A large part of work of independent advocacy is supporting people to navigate systems and overcome barriers to accessing services and to engage with them. An advocate is not part of system and is not a decision maker which means that a relationship of trust is easier to foster. The advocate can help bridge the barrier between decision makers and advocacy partners and supports them to participate in the decisions that affect their lives.

HMP Perth - NHS management have introduced a working protocol to improve a joined-up approach within their existing services. The introduction of the Person of Concerns Group has also improved our joined up, multi-disciplinary approach to providing personalised support services

Is staff training provided (dual diagnosis)?

Yes ☐

No ☒

Please provide details (max 300 words)

Have mental health services requested Naloxone following updated guidelines from the Lord Advocate?

Yes ☐

No ☒

Please provide details (max 300 words)

#### *The recovery community achieves its potential*

3.16 Were there active recovery communities in your area during the year 2020/21?

Yes ☒

No ☐

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

Yes ☒

No ☐

3.18 Please provide a short description of the recovery communities in your area during the year 2020/21 and how they have been supported (max 300 words)

Prisoner healthcare work closely with SPS to support recovery work / recovery cafe

Perth & Kinross ADP has developed Recovery Cafes throughout Perth and Kinross. Eight had been set-up and a move to expand these was actively taking place. However, in response to COVID restrictions, the delivery of these changed and instead, social media and online platforms have been developed to continue to support people with lived experience and their families. These continued to be developed throughout 2020-21 as COVID restrictions remained. It is anticipated that once restrictions ease, there will be a gradual return to more physical means of interaction.

#### *A trauma-informed approach is developed*

3.19 During 2020/21 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)

2020-21 saw the establishment of the Public Protection Co-ordination Group. The PPCG provides the membership with an enhanced opportunity for networking, coordination, collaboration and cooperation on a wide range of protecting people / public protection issues.

The PPCG provides the membership with peer support; with an additional opportunity to share and exchange learning, promote good practice and will support the shared work of the various Protecting People Partnerships, which work to protect people and keep them safe from harm, abuse and exploitation.

A subgroup of the PPCG will consider workforce development issues and as part of this work will support the ongoing development of trauma understanding in the planning and delivery of services.

TCA -. TCA mentoring services are trauma informed, with investment having been made in staff learning and development

IAPK - The training undertaken to date by the independent advocate is: SRC – Recovery awareness training; anti-racism training; CRAFT training; trauma informed approach and SQA – Advocacy practice

HMP Perth - The development and introduction of trauma informed practices has been delayed due to Covid restrictions but there are plans for Help the Helper training to be delivered to the establishments staff. SPS College has now decreed that trauma training can be rolled out and delivered locally.

#### *An intelligence-led approach future-proofs delivery*

3.30 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 ☐  
Alcohol death audits (work being supported by AFS) ☐  
Drug death review group ☒  
Drug trend monitoring group ☒  
Other ☐ Please provide details.....

In 2019-20, the Community Safety Partnership developed a new group which was designed to reduce the impact of drugs on people and communities. Police, Safer Communities, IDART and Housing are standing members of this group. Despite the impact of COVID the group has continued to meet virtually and provides intelligence and opportunities to challenge criminal behaviour and to protect vulnerable people and communities.

HMP Perth - NHS within the establishment are linked into the Dundee Non-Fatal Overdose Group and any individuals entering the establishment on admission will be interviewed regarding harm reduction and Recovery Services. HMP Perth are also developing closer links with the community with those individuals who have been displaying risk behaviours to ensure they are supported on release.



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

Perth and Kinross ADP has taken the decision to await the publication of the toolkit that Alcohol Focus Scotland are developing to determine if this approach would be viable locally.

At present, IDART review alcohol related deaths if the service user dies in service. There are occasions where service users who are open due to alcohol issues die as a result of drug use, and they are reviewed in the same process. IDART receive information from Public Health about deaths, and they are reported on DATIX, the health risk reporting system. A local adverse event review (LAER) is planned and take 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 IDART 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 the 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) and LAER (Local Adverse Event Review)

3.22 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 has 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 are developed by each of the ADPs in Tayside.

Perth & Kinross ADP has provided funding to NHS Tayside to employ an additional analyst to co-ordinate and analyse drug death information. The 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.

As well as the Local Adverse Event Review (LAER) process in place to review all deaths in custody, prison healthcare work with SPS to review the death in the Death in Prison, Learning Audit and Review (DIPLAR) – both of which provide learning to be embedded in the organisations



#### 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)

Hillcrest Futures - Hillcrest Futures Young Peoples Drug and Alcohol Service has a remit to work with young people up to 25. Staff work in partnership to deliver joint visits and to ensure an age-appropriate intervention has been provided. Individuals between 18-25 are identified as transitioning between services and often disengage at the point of referral as an adult service may not be the most appropriate fit. Staff providing assessment on initial appointment will also use the Drug and Alcohol STAR to identify a baseline. The individual being referred can therefore choose the preferred service to receive support with staff liaising to ensure specific governance is adhered to i.e., waiting times etc

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)

Change is a Must is a multi-agency partnership between Education & Children Services and IDART Services. The team offers assessment and intensive family support for infants and their families affected by issues such as parental substance misuse, parental mental health issues and domestic violence. The team are responsible for undertaking pre-birth Child Protection Risk Assessments, time scaled Parenting Capacity Assessments as well as permanence planning for babies and infants. The Substance Use worker within the team is crucial in identifying and supporting parents where substance misuse is a risk factor within the family, both pre and post birth, and supports parents to access relevant IDART services. The worker also undertakes individual work with parents to stabilise, reduce and manage their substance use. This multi-disciplinary approach is essential in providing a whole family approach and identifying and reducing risk to enabling babies / infants to remain in their families whenever safe to do so.

Building on the success of the Change Is A Must model, Perth & Kinross Education & Children's Services propose to develop an intensive family support services for families with children from birth, through nursery and primary school. The service would reduce the levels of intervention from different services and address the needs of the whole family in a non-stigmatised way. The proposal is about both alleviating the impacts of poverty on families and supporting better long-term outcomes for children by equipping them with the resilience, skills and confidence to avoid themselves becoming parents in poverty later in life. In order to deliver this, a multi-agency team will be developed, and Perth & Kinross ADP have committed to 50% funding of one Social Worker, with a specialist knowledge in substance use for a period of two years.

TCA - Kith 'n' Kin kinship service targets children/ young people impacted by parental substance use. Kith 'n' Kin uses a whole family approach. TCA's family group work continued virtually from October 2020 to April 2021.

Barnardos - Barnardos Hopscotch service supports children aged 5-18 years and families who have been, or are being, affected by parental/carers 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.

Barnardos - Barnardos Space4U Service is a commissioned service funded by Perth and Kinross Council and delivered in partnership with Tayside Council on Alcohol (TCA). The service operates a flexible service designed 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 and 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 families from crisis. This focuses on a combination of practical, emotional and therapeutic support on a 1:1 and family basis.

Hillcrest Futures - The Hillcrest Futures Perth & Kinross Young People's Drug and Alcohol service currently offers support through a tiered model. This is designed to continually support young people 12-25 as they grow and develop. It is also flexible enough that support can be tailored 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 will be generic in its delivery. It 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 will have low self-esteem, poor self-confidence, difficult family relationships etc. Information at this level is very specific to an identified need. Brief intervention models are used here. At this stage there will be up to six sessions offered but there will be scope to move onto tier three should it be necessary. It is likely to take the form of 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 will be a persistent or high-risk substance user. This structured support is time-limited and will usually be in blocks of 12 weeks. The focus will generally be 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.

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 Children, Young People and Families (CYPF) subgroup works in partnership with the local Integrated Children's Services Group, as well as engaging with the local Child Protection Committee. The CYPF subgroup meetings on a quarterly basis and is chaired by the Head of Service for Education and Children's Services. The Chair of the CYPF subgroup is a member of 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 2020/21 financial year?

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

Please provide additional information (max 300 words)

Hillcrest Futures - Due to COVID-19, the amount of face to face, one to one's and group contacts were impacted by restrictions and social distancing. The information being delivered to young people involved more mental health and well-being support given issues around self-isolation and loneliness as a result of the pandemic. Services had to adapt by delivering telephone and virtual one to ones to ensure young people were still being supported. As lockdown continued the young people's drug and alcohol team started an online support chat via WhatsApp. To make this as user friendly and accessible as possible a "How to" manual was created and sent out with instructions on how to access and use WhatsApp. Due to the growing isolation and loneliness that was impacting young people as a result of shielding and other covid restrictions the organisation became concerned that many of those would be without support during the lockdown so it began taking contact details for young people who would not routinely have been engaged with Hillcrest Futures.

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 2020/21 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)

IDART host a post that is specific to family and carers support with a range of skills such as family therapy and bereavement counselling.



SMART families and friends is active in Perth and Kinross.

In addition to E.P.I.C.S. there is an independent carers support group which is represented on the ADP.

TCA - TCA offers 1-1 counselling and family group work to significant others.

#### 4.7 Did services for adult family members change in the 2020/21 financial year?

Improved ☐

Stayed the same ☒

Scaled back ☐

No longer in place ☐

Please provide additional information (max 300 words)

Hillcrest Futures - All project and peer workers are now fully trained in the Provision of SMART Friends and Family. It was planned to start a group but has been delayed by COVID-19 and restrictions. At the request of the Local Authority, Hillcrest Futures provided education/Q&A sessions for parents/carers who to help support adult family members who may have been struggling to understand new drug trends etc. This was a valuable piece of work and received very positive feedback.

#### 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)

Led by Perth & Kinross ADP and Children and Adult Social Work services in Health and Social Work, it is intended to work with the SDF to deliver a training course for staff members who would like to improve their skills and knowledge around Motivational Interviewing and help to embed Motivational Interviewing into the practice of Health & Social Work services. This has been delayed as a result of COVID but it is intended to run the course later in 2021.

Hillcrest Futures - The service supports the daily assessment and triage process in Perth & Kinross in partnership with agencies. Very often as a part of this process, families and loved ones are provided with important advice and support in respect to recovery work and harm reduction. Once restrictions allow, a



SMART Friends and Family approach will be introduced In addition, Hillcrest Futures intend to enhance partnership working within HMP Perth to help establish a whole family support approach and to offer a greater seamless transition for people being liberated and requiring further interventions in the community.



## 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)

Training in the use of naloxone is offered to all people in prison. Naloxone is put in the property of people being liberated after discussion with the nurse

HMP Perth - All liberations who are in treatment or are displaying risk behaviours will be seen by the Substance Treatment Team and/or the Recovery Team and will be provided with Naloxone and training prior to release. The Recovery Team also signpost and make introductions with 3rd sector partners to provide further support; if requested, on release.

Hillcrest Futures - Prior to the COVID-19 pandemic, Hillcrest Futures peer workers were due to commence a recovery café within Perth prison as well as providing throughcare links which would see greater links between recovery and harm reduction. This would support overdose awareness training being delivered prior to liberation as well as follow up support in the community. This work was put on hold during lockdown however this is something that will be revisited and re-established once restrictions have eased.

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 ☐

Upon release, is access available to non-fatal overdose pathways? ☐

Other ☐ Please provide details

Please provide details (max 300 words)

HMP Perth - Prisoner healthcare work closely with the SPS recovery team to identify pathways for recovery. HMP Perth hold a daily (weekdays only) Person of Concern meeting where any persons who have been managed under the Management of Offenders at Risk of Substances (MORS) are discussed by a multi-disciplinary team including SPS, NHS, chaplaincy, prison based social work and the SPS Recovery Team. A plan is put in place for the person to provide wraparound care from all services. This includes liaison with community services.

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)

The Perth and Kinross Community Justice Plan was due to be updated in 2020-21. However, as a result of the impact of COVID, this has been delayed until 2021-22. It is anticipated that the ADP will play a key role in contributing to the updated CJOIP as the two partnerships strive to form closer links going forward.

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 under the influence, an individual will be seen by the custody nurse and treated accordingly. If on a prescription for OST, this will be continued whilst in police custody following assessment. People will be signposted to services. A test of change Arrest Referral Service is available in custody to support people who live in Dundee. Perth and Kinross ADP are currently in discussions with Police Scotland to explore opportunities to expand the test of change to include people who live in Perth and Kinross.

HMP Perth - All admissions are seen and interviewed on admission to custody by members of the NHS Team and SPS staff and signposted to support for harm reduction and recovery services. A detox or other prescription needs will also be identified and arranged as soon as practical.

b) Upon release from prison

Substance use named nurse will provide handover to community services for those on OST and ensure that links are made with the service. Referrals are made, as appropriate, for those not on OST, to third sector services. Prison healthcare work closely with SPS to support people into residential rehab and provide details on what was in place and how well this was executed.

The Safer Communities Team introduced a new partnership approach to managing prisoner releases as a result of the early release programme implemented between April and July 2020. Prisoners on the list are assessed for risk to themselves and others and information is shared with all relevant agencies including Housing and IDART. If a high risk of overdose is identified, then a multiagency response plan can be developed to mitigate these risks where possible.



TCA - TCA offer a range of services to CJS clients and those who have been released from prison following completion of their sentence. These include: 1:1 Mentoring for Men, a counselling service and 1:1 support to women who are involved with the OWLS service.

HMP Perth - All liberations who are in treatment or are displaying risk behaviours will be seen by the Substance Treatment Team and or the Recovery Team and be provided with Naloxone and training prior to release. The Recovery Team also signpost and make introductions with 3rd sector partners to provide further support; if requested, on release.



## 6. Equalities

Please give details of any specific services or interventions which were undertaken during 2020/21 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 over the age of 65 in the service, as well as a number of cases where statutory substance use services work in partnership with Older People's Services and Psychiatry of Old Age to address and manage presenting needs.

### 6.2 People with physical disabilities

Statutory Substance Use Services work 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.

HMP Perth - NHS now employ an Occupational Therapist which has enabled the establishment to improve services for those with physical disabilities or impairments.

### 6.3 People with sensory impairments

There are no specific services to address this particular need although support would be requested from specialist teams as required.

### 6.4 People with learning difficulties / cognitive impairments.

There are no specific services to address this particular need although support would be requested from specialist teams as required.

### 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

HMP Perth - Due to Covid restrictions, the Chaplaincy team had to introduce innovative ways to ensure they supported those in their care. These included the introduction of a virtual funeral service.

### 6.8 Women and girls (including pregnancy and maternity)

The One-Stop Women's Learning Service (OWLS) is a partnership between criminal justice services, substance use services and housing, the aim of which is to provide a safe and welcoming space in which women who have been referred through the Criminal Justice system can access the support they need to make positive changes.



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

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.

## II. FINANCIAL FRAMEWORK 2020/21

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	919,485
2020/21 Programme for Government Funding	
Additional funding from Integration Authority	452,772
Funding from Local Authority	15,622
Funding from NHS Board	1,391,447
Total funding from other sources not detailed above	
Carry forwards	12,625
Other	
<b>Total</b>	<b>2,791,951</b>

### B) Total Expenditure from sources

	£
Prevention including educational inputs, licensing objectives, Alcohol Brief Interventions)	23,712
Community based treatment and recovery services for adults	2,046,935
Inpatient detox services	28,120
Residential rehabilitation services	117,304
Recovery community initiatives	3,008
Advocacy Services	0
Services for families affected by alcohol and drug use	40,500
Alcohol and drug services specifically for children and young people	42,000
Community treatment and support services specifically for people in the justice system	15,622
Other	474,571
<b>Total</b>	<b>2,791,951</b>

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 29<sup>th</sup> May 2020)

- Scottish Government funding via NHS Board baseline allocation to Integration Authority



• 2020/21 Programme for Government Funding

Yes ☒

No ☐

Please provide details (max 300 words)

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

Perth and Kinross ADP reports to:

Communities Committee

Integrated Joint Board

Lifelong Learning Committee