



<b>Meeting of East Renfrewshire Health and Social Care Partnership</b>	Integration Joint Board								
<b>Held on</b>	23 November 2022								
<b>Agenda Item</b>	12								
<b>Title</b>	East Renfrewshire Alcohol and Drugs Partnership Update								
<p><b>Summary</b></p> <p>This report provides members of the Integration Joint Board with an overview of developments in the work of the Alcohol and Drugs Partnership, progress towards delivery of the national Drugs Mission and development work around governance arrangements for the Alcohol and Drugs Partnership.</p>									
<b>Presented by</b>	Tom Kelly, Head of Adult Services: Learning Disability and Recovery								
<p><b>Action Required</b></p> <p>The Integration Joint Board is asked to:-</p> <ol style="list-style-type: none"> <li>note and comment on the progress to date on delivering the national Drugs Mission including the Medication Assisted Treatment Standards and access to residential rehabilitation</li> <li>note the Self-Assessment of governance and accountability arrangements undertaken by the Alcohol and Drugs Partnership</li> <li>agree the reporting schedule and focus of reports from the Alcohol and Drugs Partnership to the Integration Joint Board outlined in paragraph 22</li> <li>approve the Alcohol and Drugs Partnership Annual Report 2021-22 submitted to the Scottish Government pending Integration Joint Board approval</li> <li>approve the Alcohol and Drugs Strategy mid-term progress report for publication on the alcohol and drugs service web pages</li> </ol>									
<p><b>Directions</b></p> <p><input checked="" type="checkbox"/> No Directions Required</p> <p><input type="checkbox"/> Directions to East Renfrewshire Council (ERC)</p> <p><input type="checkbox"/> Directions to NHS Greater Glasgow and Clyde (NHSGGC)</p> <p><input type="checkbox"/> Directions to both ERC and NHSGGC</p>	<p><b>Implications</b></p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Finance</td> <td><input checked="" type="checkbox"/> Risk</td> </tr> <tr> <td><input type="checkbox"/> Policy</td> <td><input type="checkbox"/> Legal</td> </tr> <tr> <td><input checked="" type="checkbox"/> Workforce</td> <td><input type="checkbox"/> Infrastructure</td> </tr> <tr> <td><input type="checkbox"/> Equalities</td> <td><input type="checkbox"/> Fairer Scotland Duty</td> </tr> </table>	<input checked="" type="checkbox"/> Finance	<input checked="" type="checkbox"/> Risk	<input type="checkbox"/> Policy	<input type="checkbox"/> Legal	<input checked="" type="checkbox"/> Workforce	<input type="checkbox"/> Infrastructure	<input type="checkbox"/> Equalities	<input type="checkbox"/> Fairer Scotland Duty
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## EAST RENFREWSHIRE INTEGRATION JOINT BOARD

23 November 2022

Report by Chief Officer

### EAST RENFREWSHIRE ALCOHOL AND DRUGS PARTNERSHIP UPDATE

#### **PURPOSE OF REPORT**

1. The primary purpose of this report is to update the Integration Joint Board on the significant work being driven by the Alcohol and Drugs Partnership to deliver on the national Drugs Mission to reduce and prevent drug-related deaths. This includes an update on progress towards the Drugs Mission priorities, including implementation of the Medication Assisted Treatment Standards, increasing access to residential rehabilitation, establishing near fatal overdose pathways, enhancing assertive outreach and how lived and living experience is shaping the approach. The report also details the recent guidance and expectations set out for Alcohol and Drug Partnerships on governance and transparency and the arrangements East Renfrewshire has in place to ensure requirements are met.

#### **RECOMMENDATIONS**

2. The Integration Joint Board is asked to:-
  - a. Note and comment on the progress to date on delivering the national Drugs Mission including the Medication Assisted Treatment Standards and access to residential rehabilitation
  - b. Note the Self-Assessment of governance and accountability arrangements undertaken by the Alcohol and Drugs Partnership
  - c. Agree the reporting schedule and focus of reports from the Alcohol and Drugs Partnership to the Integration Joint Board outlined in paragraph 22
  - d. Approve the Alcohol and Drugs Partnership Annual Report 2021-22 submitted to the Scottish Government pending Integration Joint Board approval
  - e. Approve the Alcohol and Drugs Strategy mid-term progress report for publication on the alcohol and drugs service web pages

#### **BACKGROUND**

3. In September 2020, the Integration Joint Board (IJB) considered and approved the East Renfrewshire Alcohol and Drugs Strategy and Delivery Plan, developed by the local Alcohol and Drugs Partnership (referred to as the ADP in this report). The Strategy is strongly influenced by national ministerial priorities and strategic aims set by Scottish Government. At this time, the Integration Joint Board asked the ADP to enhance the involvement of lived experience in the work of the ADP.
4. In November 2021, the ADP presented a report on the positive progress made on enhancing lived experience involvement, with the establishment of the Lived Experience Panel and development of a peer research programme (who have undertaken a study of experiences of Opiate Substitution Treatment and a Community Needs Assessment). Both groups continue to flourish and are working closely with the Alcohol and Drugs Partnership and local services and examples of this continuing work are highlighted within this report.

5. In November 2021, the IJB was advised of the significant developments in the Scottish Government's approach to the drug related deaths emergency. The Drugs Mission was announced on 20 January 2021. A number of funding letters and clarifications have been received by ADPs – with particular funding allocations confirmed in June 2021, September 2021, and June 2022. The East Renfrewshire ADP has been formulating and implementing plans based on the available information and these are detailed later in the report.

## REPORT

### Preventing Drug Related Deaths – Current Context

6. The East Renfrewshire Alcohol and Drugs Partnership ensures that it has a clear understanding of trends in relation to both alcohol and drug related harms and deaths to inform learning to adapt and improve services and approaches. Analysts from NHS Greater Glasgow and Clyde are invited to present to ADP partners on the annual published data. This will include the circumstances around drug related deaths, such as drug types, any polydrug use (i.e. more than one drug implicated in the death), age, gender, whether individuals were known to services and area of residence.
7. In terms of drug related deaths, the Community Addictions Service log the incident on our incident reporting system, DATIX, and prepare a briefing note for every death of an individual known to the service at a very early stage and this is considered at the local Adult Services Governance Group. Every death of an individual engaged with the team, or who was closed to the team within the last year, is reviewed locally. Significant Adverse Event Reviews (SAERs) are completed if a death is deemed to meet the SAER criteria and following discussion with the local sub-group of the Care Governance Committee. All processes undertaken inform learning at a service level.
8. Integration Joint Board members may be aware that there were 1,330 deaths in Scotland as a whole in 2021. This is a slight reduction on the 2020 figure of 1,339. 2021 is the first year since 2013 in which drug related deaths in Scotland have not increased. The data for the last five years in East Renfrewshire is detailed in Annex 1. There were 4 drug related deaths in 2017, with an increased number over the period 2018-2020, however most recent data for 2021 shows the number of deaths has decreased to 6. East Renfrewshire ADP views that one drug related death is one too many and maintains a clear focus on prevention work, the detail of which is outlined in more detail later in the report.
9. East Renfrewshire has amongst the lowest numbers of drug related deaths in mainland Scotland. Across Greater Glasgow and Clyde, a number of Health and Social Care Partnership (HSCP) areas have seen a reduction in drug related deaths (Inverclyde, Renfrewshire, West Dunbartonshire and East Renfrewshire) while East Dunbartonshire and Glasgow have had slight increases.
10. The East Renfrewshire Community Addictions Service has achieved significant improvements in the three week target for waiting time from referral for treatment. Annex 1 shows current performance of 100% (improved from pre-Covid performance of around 70%).

## Delivering on the National Drugs Mission in East Renfrewshire

11. This section of the report provides highlights of progress in delivering the key priorities of the national mission and gives assurances of the robust approach in place to achieve these. There is work well underway in East Renfrewshire across five workstreams, as detailed below.

### *i. Implementation of the Medication Assisted Treatment Standards*

12. Implementing the Medication Assisted Treatment Standards is a key priority, a holistic set of standards that include rapid access to opiate substitution treatment, on the same day of presentation where possible, as well as improving access to harm reduction, mental health supports, and advocacy services. A summary of the Standards is attached in Annex 2 for IJB members to note.
13. An East Renfrewshire implementation plan has been published outlining a wide range of actions at <https://www.eastrenfrewshire.gov.uk/alcohol-and-drugs-plan> and the first quarterly progress report has been submitted to the Scottish Government. The Community Addictions Service has been offering rapid access three days per week since the implementation date of 1 April. Capacity is being enhanced within the team to deliver rapid access to the service across five days including a full time pharmacist prescriber and healthcare assistant. The service is being widely promoted, and opportunities for community outreach being developed, to ensure that all who require support with opiate dependency are able to access the service. Implementing a human rights based and trauma informed approach is being taken forward through workshops delivered by REACH advocacy in December and the HSCP's programme for trauma informed and responsive services.
14. There is significant scrutiny across all Drugs Mission delivery but in particular the implementation of the MAT Standards. The implementation plans have been signed by the HSCP's Chief Officer and the Chief Executives of the NHS health board and local authority in accordance with the Ministerial Direction issued on 23 June 2022.

### *ii. Enhancing Access to Residential Rehabilitation*

15. A residential rehabilitation pathway has been prepared and published (with input from local lived experience representatives) and an increased number of placements are being accessed. Specific funding is provided for this through the Drugs Mission and there are currently seven active referrals and the opportunity for no barrier access to residential rehabilitation is actively promoted within the service. The Community Recovery Team within the Addictions Service are enhancing group mutual aid supports and the ADP is working with the recovery community to enhance community led approaches to supporting people in recovery, including those currently in treatment, people returning from residential placements, as well as those in longer term recovery.

### *iii. National Mission Priorities (including enhanced access to treatment, near fatal overdose pathways, and assertive outreach)*

16. Capacity within community addictions services has been increased, with an assertive outreach strategy being developed and implemented, and recovery supports are being enhanced including group supports. The ADP is working closely with third sector partners on new service developments which contribute to the delivery of the MAT Standards, evaluating the impact and exploring the next steps for sustainability of services including:

- Ongoing peer navigators test of change delivered by Penumbra
- Ongoing overdose response service delivered by Turning Point
- New harm reduction outreach service also delivered by Turning Point, launching January 2023. Promotion, education and awareness raising activities will be undertaken between now and the launch of the service to ensure all local partners and organisations are aware of the delivery model and can promote the service through their own networks

#### ***iv. Implementing whole family support***

17. The family members of people who use alcohol and / or drugs are often at the forefront, providing support for loved ones with alcohol and drug problems, whilst being affected by harms themselves. The Scottish Government published a Whole Family Framework to support this workstream. East Renfrewshire HSCP and partners currently deliver a range of the requirements in the framework and partners are currently assessing any gaps in provision to inform the work plan. Engagement with families affected by alcohol and / or drug harms has informed the approach and conversations with lived experience groups will continue to influence family support provision.

#### ***v. Developing lived experience panels and networks***

18. East Renfrewshire ADP has supported the establishment and capacity building of a Lived Experience Panel and peer research development programme. The Advocacy Project support the Panel to identify priorities, engage with services and participate in ADP meetings. Panel participation is improving the focus on lived experience within ADP discussions. The ADP Chair meets with the Panel prior to each ADP meeting to discuss the agenda and any issues the Panel would like to raise. Recruitment for additional Panel members is ongoing and the Panel are currently reflecting on their work to date to prioritise the issues they would like to focus on. The peer research programme is progressing well with one study completed and another study underway. The research is influencing priorities for improving services and peer researchers have reported significant benefits of the programme in supporting their recovery. The ADP has agreed to invest in continuing the programme and the arrangements for this are currently being developed.
19. There is a vast range of work ongoing to deliver the Drugs Mission, supported by new national funding. The funding was announced and criteria clarified over the period June 2021 through to early 2022, totalling over £400,000 of additional funding in 2021-22. While East Renfrewshire ADP has responded quickly to identify priorities and implement, the required lead in times for recruiting staff and commissioning services has led to a degree of underspend, held in an IJB reserve. The ADP intends to explore the possibility of investing reserves in developing premises for a recovery hub, viewed as a critical support for people in recovery in East Renfrewshire. This would deliver outcomes contributing to all workstreams of the Drugs Mission and is an exciting opportunity to respond to a key priority consistently raised by lived experience groups. Plans are at a very early stage and require confirmation the funding can be used in this way and the close involvement of lived experience groups at the earliest stage in the design and delivery.

### **Alcohol and Drugs Partnership Governance Arrangements**

20. The Scottish Government required all Alcohol and Drug Partnerships to complete an Governance and Accountability Self-Assessment in September 2022. East Renfrewshire ADP completed and submitted the self-assessment as attached in Annex 3 of this report. A small partner working group contributed to the assessment including Lived Experience Panel members and the Chair and Vice-Chair of the Integration Joint Board. The Self-assessment focuses in particular on the relationships between the Integration

Joint Board and Alcohol and Drugs Partnership. As part of the self-assessment an action was identified to:

- Establish a schedule of reporting to the IJB, including reports on investment plans, business cases, progress against outcomes
21. The ADP has reported annually to the IJB since September 2020 and it is proposed to continue with an annual report, detailing the priorities identified, the investment decisions made and the progress overseen by the ADP over the course of the year. There is the flexibility for additional reports should they be required.
  22. The ADP has also responded to the Scottish Government's annual report request. This was prepared and approved by the ADP prior to submission by the earlier than usual deadline of August. The report was submitted as a draft subject to Integration Joint Board approval and members are now asked to approve the report in Annex 4.
  23. In order to ensure transparency of the work of the ADP, progress reports on the Alcohol and Drugs Strategy are prepared and published. The mid-term progress report of the current Strategy, in Annex 5, was approved by the ADP in June and the Integration Joint Board is asked to approve this for publication on the alcohol and drugs service web pages of East Renfrewshire Council's website.

## CONSULTATION AND PARTNERSHIP WORKING

24. As detailed throughout the report, partnership working across statutory, third sector and lived experience groups is critical to the success of all of the areas of work highlighted in this report and we are already demonstrating strong partnership links.

## IMPLICATIONS OF THE PROPOSALS

### Finance

25. The Scottish Government makes ring-fenced funding allocations to ADPs. Any investment arising from this report will be met within these allocations.

### Workforce

26. There are no implications for workforce.

### Infrastructure

27. There are no implications for infrastructure.

### Risk

28. There are no risk implications.

### Equalities and Fairer Scotland Duty

29. This work will ensure that those with lived experience of alcohol and drug related harm have a stronger influence on the work of the ADP and the design and development of services, including identifying and reducing inequalities. The additional investment will be targeted to support those most marginalised individuals who have multiple complex needs including disability, income deprivation, unemployment etc.

### Policy

30. There are no policy implications.

Legal

31. There are no legal implications.

**DIRECTIONS**

32. There are no directions arising as a result of this report.

**CONCLUSIONS**

33. The Integration Joint Board will recognise there is a vast range of work ongoing within the Alcohol and Drugs Partnership and significant scrutiny by the Scottish Government. There are comprehensive plans in place to deliver priorities as well as robust delivery and reporting arrangements locally. Partnership working and the meaningful involvement of those with lived and living experience are critical to successful delivery and are an integral part of the design and implementation of approaches.
34. It is proposed that the Alcohol and Drugs Partnership continues the work to deliver the Drugs Mission locally within East Renfrewshire. The Alcohol and Drugs Partnership will continue to deliver an annual report on the key progress and developments to the Integration Joint Board, with additional reports as may be required.

**RECOMMENDATIONS**

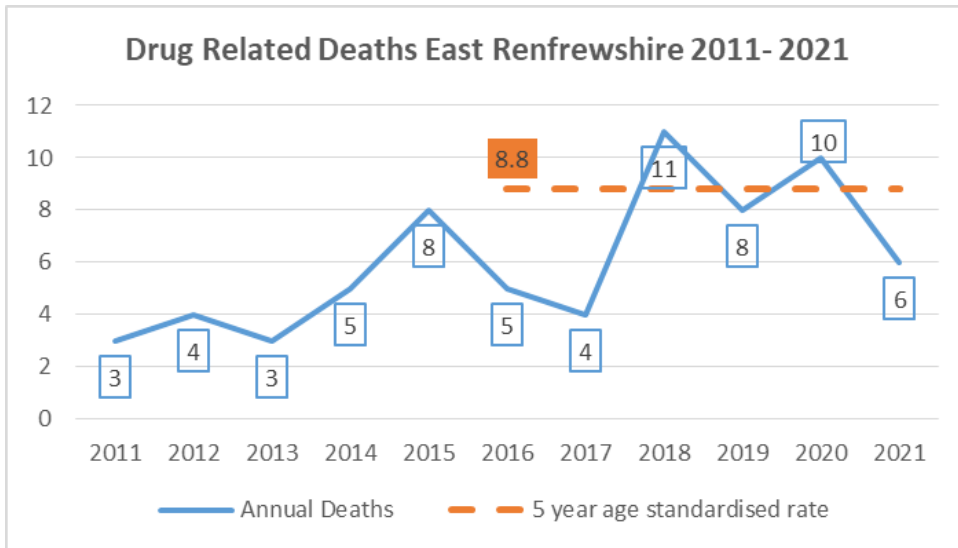
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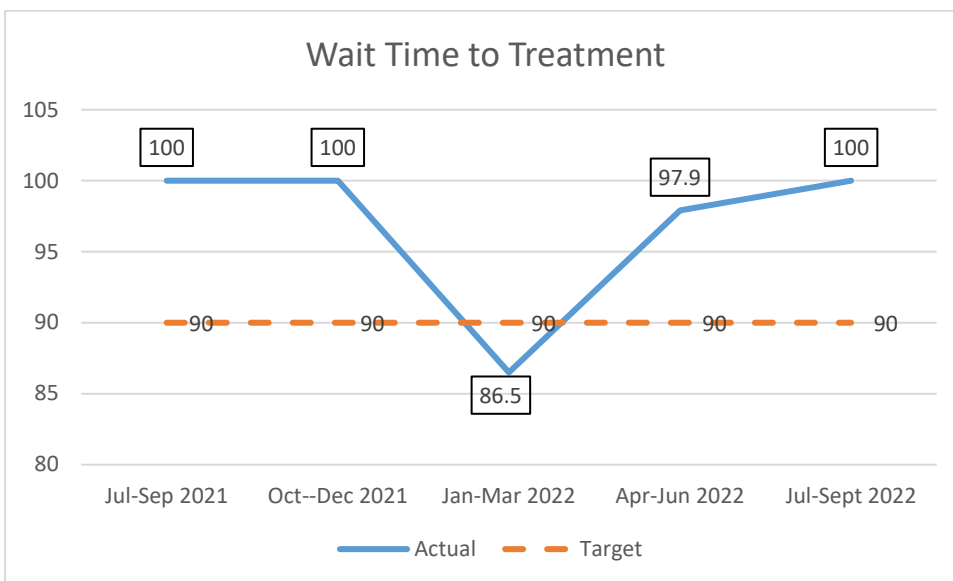




Latest data –  
6 DRDs in  
2021

Source: National Records of Scotland

**Performance on 3 weeks Wait Time to Treatment**



## Medication Assisted Treatment Standards

- Standard 1:** All people accessing services have the option to start MAT from the same day of presentation.
- Standard 2:** All people are supported to make an informed choice on what medication to use for MAT, and the appropriate dose.
- Standard 3:** All people at high risk of drug-related harm are proactively identified and offered support to commence or continue MAT.
- Standard 4:** All people are offered evidence based harm reduction at the point of MAT delivery.
- Standard 5:** All people will receive support to remain in treatment for as long as requested.
- Standard 6:** The system that provides MAT is psychologically informed (tier 1); routinely delivers evidence-based low intensity psychosocial interventions (tier 2); and supports individuals to grow social networks.
- Standard 7:** All people have the option of MAT shared with Primary Care.
- Standard 8:** All people have access to independent advocacy and support for housing, welfare and income needs.
- Standard 9:** All people with co-occurring drug use and mental health difficulties can receive mental health care at the point of MAT delivery.
- Standard 10:** All people receive trauma informed care.

IMPROVING GOVERNANCE AND ACCOUNTABILITY ARRANGEMENTS WITHIN ALCOHOL AND DRUG PARTNERSHIPS: SELF ASSESSMENT TOOL

## **Alcohol and Drug Partnerships Partnership Delivery Framework**

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Self Assessment Tool

June 2022

# Introduction to the Self Assessment Tool

This Self Assessment Tool has been developed to support Alcohol and Drug Partnerships to deliver the Partnership Delivery Framework, Rights Respect and Recovery and the National Mission to Reduce Drug Deaths and Improve Lives.

The Scottish Government and COSLA coproduced the [Partnership Delivery Framework for Alcohol and Drug Partnerships](#) which was published in 2019. It sets out the expectations for the role of Alcohol and Drug Partnerships (ADPs)

## The purpose of the self-assessment

The purpose of the self-assessment is to give local ADPs a tool to engage and discuss opportunities and barriers to delivery.

Strategic Planning follows a cycle of

- Assessing need
- Aligning resources
- Agreeing delivery plans and priorities
- Reporting and learning from outcomes

ADPs are strategic planning partnerships that set out plans to delivery national and local priorities. To effectively deliver these priorities ADPs undertake strategic planning, formulate delivery plans and report outcomes. They do this on a partnership basis that aims to be inclusive and transparent with representation from stakeholders affected by alcohol and drug harms. Increasingly alcohol and drug harms are seen as a “whole system” issue and not just the realm of specialist drug and alcohol services.

ADPs are not Statutory Public Bodies, i.e. they are not “organisations” and therefore rely on the Integration Authority for financial governance and ratification of investment as well as performance oversight. Community Planning Partnerships hold the overall responsibility for population level outcomes set out in the National Outcomes Framework for Scotland and therefore provide ADPs with an overarching forum for reporting achievement of outcomes. Local areas will also have other strategic partnerships which are required in statute such as Children Service Boards, Community Justice Partnerships etc and it is important to ensure that there are strong links between ADPs and these partnerships.

The self-assessment is designed to help local stakeholders ensure that these key relationships are in place and that the local system is supporting the work of the ADP and vice versa. The self-assessment should be agreed and signed off with the relevant Chief Officers and stakeholders.

## **The Scottish Government use of the Self Assessment reports**

As stated, the self-assessment tool is for local stakeholders to ensure that they are creating the right conditions and operating environments for ADPs to function effectively. The Scottish Government will have oversight of the self-assessment reports and the information will be used to help develop programmes of support for local areas when required and will help facilitate peer discussions with ADPs about best practice and achievements. Where an ADP signals it would like further discussion or support in responding to local barriers, this will initially be provided through discussion with the ADP Liaison leads within the ADP Support Team in the Scottish Government.

## **External Validation**

ADPs are asked to assess their own ability to deliver against the Quality Standards and highlight any issues. At a future point the Scottish Government will seek to validate the self-assessment through a third-party organisation such as the Care Inspectorate or Health Improvement Scotland. On that basis, ADPs should complete the self-assessment from the perspective of “if an external person reviewed our approach would they find the same evidence we are presenting?”

## **How to complete the Self Assessment Tool**

The self-assessment should tell a story about where the local ADP and relevant partners are in relation to the Partnership Delivery Framework:

1. Strategic planning
2. Financial arrangements
3. Quality improvement and Outcomes
4. Governance and Oversight
5. The relationship between the ADP and the Integration Authority

A representative national working group agreed the following five standards in relation to the Partnership Delivery Framework. The five quality standards are:

- Quality Standard 1:** The ADP has a Strategic Plan for delivery of identified outcomes which ensures adequate alignment with other aligned strategic plans
- Quality Standard 2:** The ADP can demonstrate public money is used to maximum benefit to deliver measurable outcomes for the local population in delivery of the Strategic Plans
- Quality Standard 3:** The ADP can demonstrate Quality Improvement in delivery of outcomes
- Quality Standard 4:** The ADP can demonstrate appropriate Governance and Oversight in delivery of the Strategic Plan
- Quality Standard 5:** The work of the Integration Authority and the ADP is aligned and the Integration Authority is able to provide Directions to partners in support of the ADP Strategic Plan

## Structure of the Self Assessment Tool

The Self Assessment Tool should be completed in conjunction with the Self Assessment Criteria (Appendix 1 page 25-34). The criteria outline the minimum supporting evidence required to demonstrate the ADP is delivering and working in line with the Partnership Delivery Framework.

The first part of the Self Assessment asks ADPs to assess themselves against the Self Assessment Criteria and to map themselves again the Criteria using the definitions Maintain, Explore, Develop outlined in the table below.

	Definition
<b>Maintain</b>	
We are confident that we are demonstrating this standard. We have evidence to support this, including stakeholder confirmation and need to maintain this focus over time.	To meet this definition the ADP needs to be confident that it has policies and practice in place. ADP member’s and senior stakeholders support this statement. The ADP has feedback processes in place and is confident that an external process could independently gather similar feedback locally. The ADP is confident in maintaining this standard as core practice.

Explore	
We currently partly demonstrate this standard and may need further development	The ADP feels it has some evidence to support the standard but isn't confident it is consistently maintained. The ADP and stakeholders feel there is room for improvement on some elements of the standard.
Develop	
We do not fully demonstrate this standard currently and need to develop / discuss this further.	The ADP is not confident it is achieving the standard. Further work is required to generate support for improvement or progress

The self-assessment then asks the ADP to demonstrate their assessment with narrative in line with the headings of:

1. How effective is the ADP in respect of this area?
2. How do you know this?
3. How will you do it and by when?

For each of the elements described above, please outline in no more than 250 each what you need to maintain, improve or do differently and provide a timeframe for these to be implemented.

Please be open and honest in your response and consider the self-assessment in collaboration with relevant stakeholders, including local communities, children, young people and families. This will provide opportunities to:

- review what progress has been made and what development and learning has happened
- provide assurance about the quality of delivery
- highlight areas of good practice for sharing
- highlight areas for improvement and levels of priority

Those completing the self-assessment are encouraged to use information from different sources to triangulate evidence of the quality of service delivery.

The completed Self Assessment should focus on outcomes rather than activities. This could include a description of the impact of changes or improvement activities on the delivery or information on how potential impact is being monitored.

# The Self Assessment Tool

## ADP area: East Renfrewshire

Please use the box below to highlight relevant contextual and background information about the ADP including:

-Population data for context

-Outlining Governance and accountability arrangements (particularly in relation to ADP, Community Planning Partnership, Integration Joint Boards and Chief Officer Groups)

-Links to other local statutory plans/partnerships (and how they link to local delivery) e.g. what links / role does the ADP have in relation to delivery of outcomes against their Local Outcome Improvement Plan / Children's Services Plan

### Population data, socio-economic needs of population and links to other plans contained in following links:

- <https://www.eastrenfrewshire.gov.uk/alcohol-and-drugs-plan>

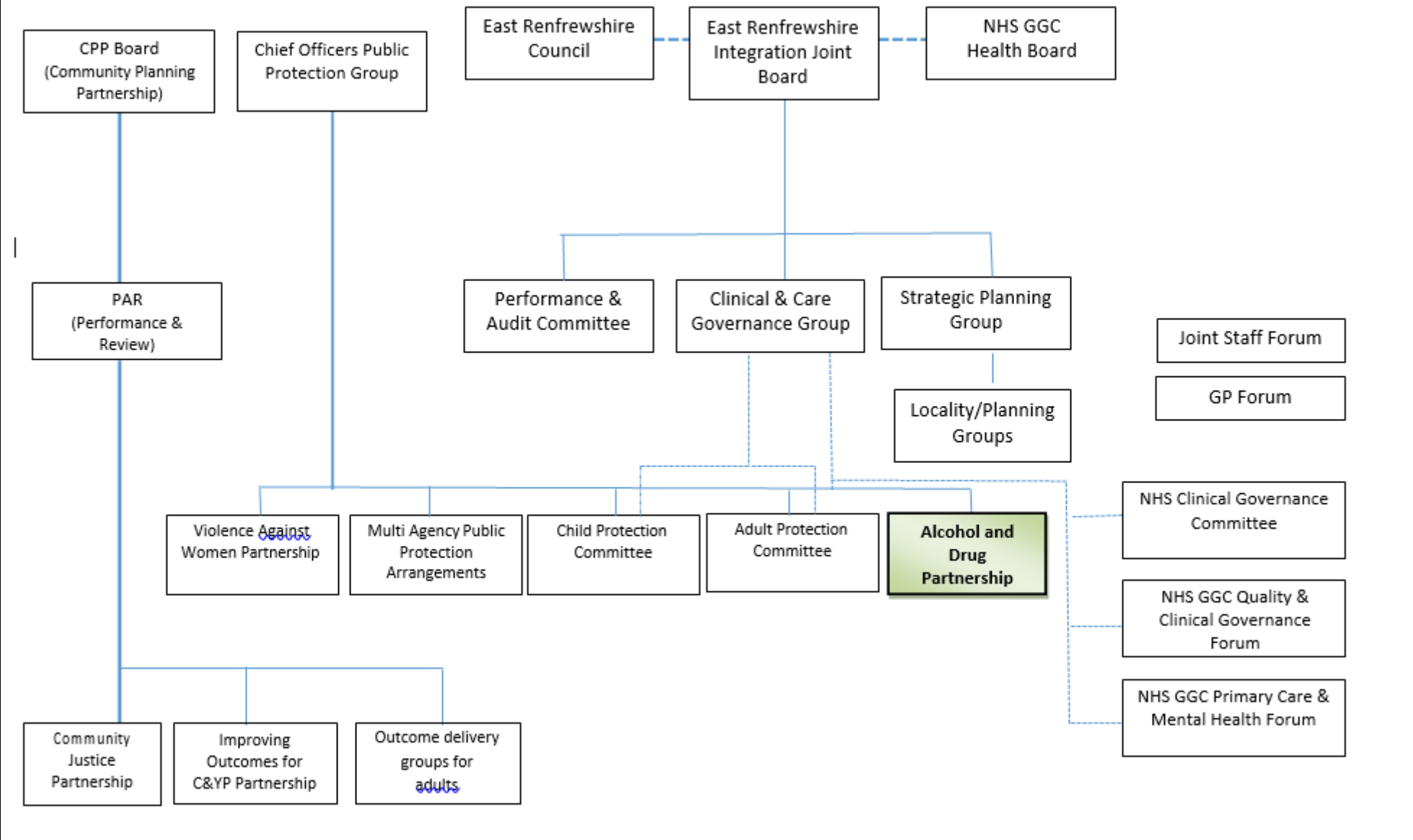
= [https://www.eastrenfrewshire.gov.uk/media/3962/Alcohol-and-drugs-delivery-plan-2020-2023/pdf/Alcohol\\_and\\_drugs\\_delivery\\_plan\\_2020\\_to\\_2023.pdf?m=637441642119330000](https://www.eastrenfrewshire.gov.uk/media/3962/Alcohol-and-drugs-delivery-plan-2020-2023/pdf/Alcohol_and_drugs_delivery_plan_2020_to_2023.pdf?m=637441642119330000)

= [https://www.eastrenfrewshire.gov.uk/media/3963/Alcohol-and-drugs-strategic-plan-2020-2023/pdf/Alcohol\\_and\\_drugs\\_strategic\\_plan\\_for\\_2020\\_to\\_2023.pdf?m=637441642413930000](https://www.eastrenfrewshire.gov.uk/media/3963/Alcohol-and-drugs-strategic-plan-2020-2023/pdf/Alcohol_and_drugs_strategic_plan_for_2020_to_2023.pdf?m=637441642413930000)

[https://www.eastrenfrewshire.gov.uk/media/7569/HSCP-Strategic-Plan-2022-2025/pdf/East\\_Renfrewshire\\_HSCP\\_-\\_Strategic\\_Plan\\_2022-2025.pdf?m=637847662804030000](https://www.eastrenfrewshire.gov.uk/media/7569/HSCP-Strategic-Plan-2022-2025/pdf/East_Renfrewshire_HSCP_-_Strategic_Plan_2022-2025.pdf?m=637847662804030000)



Local Governance and Accountability Structure Chart



# Section 1: Strategic Planning

Quality Standard 1: The ADP has a Strategic Plan for delivery of identified outcomes

		Maintain	Explore	Develop
		We are confident that we are demonstrating this standard; we have evidence to support this, including stakeholder confirmation and need to maintain this focus overtime.	We currently partly demonstrate this standard and may need further development.	We do not fully demonstrate this standard currently and need to develop / discuss this further.
1.1	Transparency and Effectiveness	✓		
1.2	Inclusion	✓		
1.3	Planning Cycle	✓		
1.4	Needs Assessment		✓	
1.5	Whole System Approach	✓		
1.6	Resources and Delivery		✓	
1.7	Outcomes	✓		

**Q. How effective is your approach to Quality Standard 1?****1.1 Transparency and Effectiveness**

East Renfrewshire Alcohol and Drugs Strategic Plan is published and publicly available. The latest progress report, to be published shortly, demonstrates where new services have been introduced and are achieving positive outcomes. The ADP has supported the development of a Lived Experience Panel (LEP) and is building a strong relationship with the LEP, working to ensure that strategic planning is person centred and meets local needs. The Panel are participating in the ADP and linking with local services, identifying what is important to them, where they will focus their efforts and what they need from the ADP to support this. Good links are established and developing further between services and the local recovery group, PARTNER.

**1.2 Inclusion**

Strategic Plan and progress report illustrates how the ADP has invested in a peer research programme to strengthen engagement with communities. The Terms of Reference for the ADP demonstrate the role of the LE Panel in the operation of the ADP. The ADP has partnered with The Advocacy Project who have allocated an Engagement and Involvement Worker to recruit and support the Panel and remove barriers to engagement. Regular report to the Chief Officer's Public Protection on activity to reduce risks to vulnerable people from alcohol and drug use.

**1.3 Planning Cycle**

The Strategic Plan follows a planning cycle of assessment, delivery, commissioning and review of actions and reporting on outcomes. The focus on the delivery Strategic Plan has continued as new requirements to deliver on the Drugs Mission have emerged and required additional implementation plans (e.g. Medication Assisted Treatment Standards) to be developed.

**1.4 Needs Assessment**

East Renfrewshire ADP has considered local data on needs to inform the Strategic Plan development. This includes wider population and deprivation data. Local caseload data, overdose response data, characteristics of people who use services etc. are used on an ongoing basis to inform service developments and approaches, including commissioning new services to meet the need of people who are affected by alcohol and drugs. The ADP welcomes the proposed joint approach to needs assessment with Public Health Needs Assessment which will enable access to high quality, robust data and ensure consistency in needs assessment. This is not currently in place as Public Health Scotland have not established the needs assessment process.

### **1.5 Whole System Approach**

The Strategic Plan is clearly aligned to national priorities in Rights, Respect, Recovery and priorities identified locally, including the population outcomes identified in the East Renfrewshire Community Plan and Local Outcome Improvement Plan. The current Strategic Plan pre-dates the national Drugs Mission and the next plan will evolve and develop to reflect the priority areas. The Strategic Plan incorporates actions that are being taken forward by other partnerships such as Community Justice and Children and Young People's Partnership.

### **1.6 Resources and Delivery**

The ADP considers regular reports on specific investment plans e.g. considering proposals for Drugs Mission investment. However, the current Strategic Plan and associated delivery/action plan does not contain information on resources allocated to priorities. The resources that contribute to addressing alcohol and drug harms come from a range of sources. The ADP quantifies the specific funding streams, including Local Improvement Fund, Drugs Mission, Task Force funding and NHS baseline funding for alcohol and drugs partnerships. Other organisations and services, including social work children and families, adult support and protection, also work with client groups affected by alcohol and drugs. It is important that the requirements to include resources in delivery plans are flexible enough to allow the ADP to make resource decisions in-year to respond to issues and challenges that may arise and realign where required. This would be done within the context of ADP structures and decision making.

Current delivery plans are three year plans, in line with previous guidance, the ADP awaits the guidance and expectations on annual delivery plans.

## 1.7 Outcomes

The ADP is confident in the outcomes framework used within the Strategic Plan, with a number of numerical measures being used to track progress as well as using case studies and qualitative feedback to evidence progress. Upcoming implementation plans in development to reflect National Mission outcomes. Routine reports on progress to ADP which are being prepared for publication.

### Q. How do you know this?

- Published Alcohol and Drugs Strategic Plan and Delivery Plan, containing socio-economic needs assessment, national and local outcomes
- Prepared progress reports
- Established Lived Experience Panel, meeting minutes and progress reports
- Peer research study findings and feedback reports
- ADP papers and minutes

### Q. What do you want to maintain, improve or change, how will you do it and by when?

- 1.1 Progress local assessment of the needs of people who use alcohol and drugs led by NHS Public Health, timescale subject to Public Health Scotland arrangements
- 1.2 Develop a statement on investment of ADP resources, reflecting the range of sources of funding, partners and the complexity of funding streams, December 2023
- 1.3 Build on Equality Impact Assessment work to date, through enhanced lived experience involvement in the assessment process, by March 2023

**Any further comments?**

Representatives of the East Renfrewshire Lived Experience Panel (LEP) participated in the completion of the self-assessment, as prescribed by the self-assessment process set out by Scottish Government and the Convention of Scottish Local Authorities (COSLA). LEP members fed back that this document and the process was long and overly complicated and, at this time, obstructive to progress in supporting recovery in communities.

East Renfrewshire ADP recognises that strong governance and accountability is an important part of the operation of the ADP. However we also recognise that members of lived experience panels are volunteers who are generous with their time and commitment and their involvement in the work of the ADP is highly valuable. The requirement to involve LE panels, or similar group, in this process, has an opportunity cost of working with them to improve services and outcomes for people in recovery.

East Renfrewshire ADP asks that Scottish Government considers these issues in future guidance, allowing ADPs and lived experience volunteers to agree an approach appropriate to local preferences.

## Section 2: Financial Governance

**Quality Standard 2: The ADP can demonstrate public money is used to maximum benefit to deliver measurable outcomes for the local population in delivery of its Strategic Plan**

		Maintain	Explore	Develop
		We are confident that we are demonstrating this standard. We have evidence to support this, including stakeholder confirmation and need to maintain this focus over time.	We currently partly demonstrate this standard and may need further development.	We do not fully demonstrate this standard currently and need to develop / discuss this further.
2.1	Investment		✓	
2.2	Governance		✓	
2.3	Accountability	✓		
2.4	Reporting		✓	
2.5	Financial Planning	✓		

## Q. How effective is your approach to Quality Standard 2?

### 2.1 Investment

The ADP has a clear picture of all sources of funding, as set out in the East Renfrewshire ADP's Annual Reports to Scottish Government. Investments are clearly aligned to the outcomes in Rights Respect and Recovery and investment of Drugs Mission funds is currently in development. There is some evidence of investment based on evaluation and tests of change, such as the peer support service, and a number of other tests of change are ongoing and once complete, the ADP will have further evidence of this quality standard.

### 2.2 Governance

As stated above, delivery plans do not currently contain details of resources and investment. East Renfrewshire ADP takes decisions on resources, with reporting to the Integration Joint Board as required. Progress reports demonstrate outcomes of funded services in third sector and public sector. ADP funding and reserves are reflected in Integration Joint Board published accounts and IJB policies are applied to the management of reserves, taking account of the original funding criteria. Reports to ADP can be developed and enhance the information reported by the IJB.

### 2.3 Accountability

All resources allocated to NHS Boards for onward delegation are made available to East Renfrewshire ADP and the ADP is fully accountable for the totality of funding.

### 2.4 Reporting

The Chief Finance Officer is a formal member of the ADP and provides advice to the ADP on availability of investment and implications of proposals. Robust systems are in place to monitor spending and complete quarterly and annual financial reports. The ADP reports to the IJB on investments as appropriate.



## 2.5 Financial Planning

The ADP has recently approved spending in relation to enhancing delivery of Alcohol Brief Interventions and youth outreach, this investment is aligned to actions in the Alcohol and Drugs Strategic Plan. This is alongside HSCP investment in a Health Improvement post focused on alcohol, drugs, mental health and wellbeing. The postholder directs and coordinates education, health promotion and prevention activity, working with a wide range of partners. A range of partners across East Renfrewshire contribute to prevention activity, through mainstream services and resources.

### Q. How do you know this?

- Peer support service evaluation report
- Alcohol and Drugs Strategic Plan and progress/performance reports
- ADP papers and minutes
- Reports to IJB
- IJB published accounts detailing IJB reserves

### Q. What do you want to maintain, improve or change, how will you do it and by when?

- 2.1 Report to ADP on current tests of change, showing links between investment and evidence of effectiveness, March 2023
- 2.2 As above (action 1.2)
- 2.3 Agree an approach / policy on reporting on investments to the IJB, November 2022.

### Any further comments?

## Section 3: Quality Improvement

Quality Standard 3: The ADP can demonstrate Quality Improvement in delivery of outcomes

		Maintain	Explore	Develop
		We are confident that we are demonstrating this standard. We have evidence to support this, including stakeholder confirmation and need to maintain this focus over time.	We currently partly demonstrate this standard and may need further development.	We do not fully demonstrate this standard currently and need to develop / discuss this further.
3.1	Methodology		✓	
3.2	Reporting		✓	
3.3	Sustainability		✓	

**Q. How effective is your approach to Quality Standard 3?****3.1 Methodology**

The ADP is at early stages of implementing a quality improvement model. This is happening at operational level and within Medication Assisted Treatment standards implementation. Rolling this out across the ADP will require workforce development across the workforce and this has resource implications. The ADP support team is small in East Renfrewshire and this is common across many ADPs in Scotland, as shown by the Scottish Government's recent workforce survey. Support from the Scottish Government drugs policy, alcohol and drugs support and other teams would be welcomed.

**3.2 Reporting**

There are early positive results from implementation of MAT Standards, e.g. introduction of new standard operating procedure for rapid access and data shows evidence of rapid access being achieved in practice. A longer timeframe is needed to link improvements with the investment in additional capacity in services.

**3.3 Sustainability**

The ADP is part of the Greater Glasgow and Clyde Joint ADP Forum and the potential for joint benchmarking can be explored through this Forum. Sustainability of a quality improvement approach would require a commitment from the Scottish Government to set out expectations and support the development of workforce capacity and skills in this area.

**Q. How do you know this?**

- Early quality improvement work related to MAT Standards

**Q. What do you want to maintain, improve or change?**

- 3.1 Further embed the quality improvement approach underpinning the MAT Standards implementation and demonstrate evidence through quarterly reports, March 2023
- 3.2 Seek Scottish Government support and recommendations on the workforce capacity and development required to establish this, March 2023

**Any further comments?**

## Section 4: Governance and Oversight

Quality Standard 4: The ADP can demonstrate appropriate Governance and Oversight in delivery of the Strategic Plan

		Maintain	Explore	Develop
		We are confident that we are demonstrating this standard. We have evidence to support this, including stakeholder confirmation and need to maintain this focus over time.	We currently partly demonstrate this standard and may need further development.	We do not fully demonstrate this standard currently and need to develop / discuss this further.
4.1	Oversight	✓		
4.2	Governance		✓	
4.3	Risk Management		✓	
4.4	Accountability	✓		

## Q. How effective is your approach to Quality Standard 4?

### 4.1 Oversight

The ADP regularly reviews progress against actions in the strategic plan, investing resources where there are gaps (such as allocating funding for delivery of Alcohol Brief Interventions)

### 4.2 Governance

The ADP forms part of the range of thematic partnerships in East Renfrewshire delivering outcomes in the Community Plan and Fairer East Ren Plan (Local Outcomes Improvement Plan). The Community Planning Partnership has visibility of the Strategic Plan and delivery by the ADP. The ADP Chair is also the Chief Officer of the Health and Social Care Partnership and sits on the East Renfrewshire Community Planning Partnership. This contributes to a strong alignment between ADP priorities and that of the HSCP, CPP and other thematic partnerships. The ADP Chair is able to escalate and progress discussions with local partners / responsible officers when a priority is not being delivered.

The ADP has published its Terms of Reference, which outlines the expected role and remit of members and areas of responsibility.

### 4.3 Risk Management

Financial risks are monitored in local finance systems and reports to Scottish Government. At an operational level, services have prioritised all caseloads with a red/amber/green assessment of all clients to ensure that, where required, services are delivered to meet the needs of the most vulnerable people we work with.

The ADP will enhance arrangements in place to manage strategic risks in relation to the delivery of local and national priorities, building on the risk registers already used within the HSCP and IJB.

**4.4 Accountability**

As described above the ADP Chair is also the Chief Officer of the Health and Social Care Partnership ensuring a clear relationship between the ADP and accountability for the delivery of outcomes. The ADP has reported regularly to Chief Officer's Public Protection group since May 2020, reporting on activity to reduce drug related deaths, adult support and protection activity within addictions services.

**Q. How do you know this?**

- ADP papers and minutes
- ADP Terms of Reference
- Community Planning Partnerships Structure

**Q. What do you want to maintain, improve or change, how will you do it and by when?**

4.1 Arrange a joint meeting between Chairs and Lead Planners of Strategic Partnerships to discuss effectiveness of current links and identify any improvement actions, December 2023

4.2 Establish a risk management approach, mirroring the risk processes in place in other areas of business, March 2023

**Any further comments?**

# Section 5: The relationship between the ADP and the Integration Authority

**Quality Standard 5: The work of the Integration Authority and the ADP is aligned and the Integration Authority is able to provide Directions to partners in support of the ADP Strategic Plan**

		Maintain	Explore	Develop
		We are confident that we are demonstrating this standard. We have evidence to support this, including stakeholder confirmation and need to maintain this focus over time.	We currently partly demonstrate this standard and may need further development.	We do not fully demonstrate this standard currently and need to develop / discuss this further.
<b>5.1</b>	<b>Alignment and Governance</b>		✓	

## Q. How effective is your approach to Quality Standard 5?

### 5.1 Alignment and Governance

The ADP contributes to the IJB's Annual Performance Report through performance information, data and case studies. The national and local priorities of the ADP are closely reflected in the HSCP Strategic Plan. The delivery of adult alcohol and drug treatment services is aligned to the ADP's priorities and agreed actions, integral to delivering on Rights, Respect and Recovery, Drugs Mission and Medication Assisted Treatment Standards. The ADP reports to the IJB on the ADP Strategic Plan, progress and any areas the IJB have requested – for example, the IJB has requested specific updates on enhancing the involvement of lived experience in the work of the ADP. Reports to IJB and minutes of discussions demonstrate the progress on this. Reports do not currently follow a particular schedule.

It is the view of the HSCP and IJB that a policy on how decisions and directions are managed for services out-with the scope of the Integration Authority (e.g. education, police, housing will be issued) is not possible within the current legislation.



**Q. How do you know this?**

- HSCP Strategic Plan
- Alcohol and Drugs Strategic Plan and progress reports
- HSCP Annual Performance Report
- Reports to IJB – various dates
- Minutes of IJB meetings

**Q. What do you want to maintain, improve or change, how will you do it and by when?**

5.1 Establish a schedule of reporting to the IJB, including reports on investment plans, business cases, progress against outcomes, November 2022

**Any further comments?**

## This Self-Assessment of Partnership Delivery Framework is agreed and ratified by:

<b>Senior System Stakeholders</b>		Ratification confirmed via email
ADP Lived Experience Stakeholder/s / Representative	Fran Craig Eamonn Quail Michaela McMenemy	✓
Chair of the Alcohol and Drug Partnership / Chief Officer of the Health and Social Care Partnership	Julie Murray	✓
Chair of the Community Planning Partnership / Chief Executive of the Local Authority / Chair of the Chief Officers Group	Lorraine McMillan	✓
The Chief Executive of the NHS Board	Jane Grant	✓
The Chair of the Integration Joint Board	Ann Marie Monaghan	✓
Area Commander, East Renfrewshire for Police Scotland	Chief Inspector Graeme Gallie	✓
ADP Third sector representatives	Andy Todd, RCA Trust	✓
NHS Greater Glasgow and Clyde Public Health	Daniel Carter, Consultant in Public Health	✓

Completed and ratified: September 2022

# **APPENDIX 1**

## **Self Assessment Criteria**

1	<p><b>Quality Standard 1: The ADP has a Strategic Plan for delivery of identified outcomes which ensures adequate alignment with other aligned strategic plans</b></p>
1.1	<p><b>Transparency and Effectiveness</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/>The strategic plan is agreed by the ADP</li> <li><input checked="" type="checkbox"/>The strategic plan is published and publicly available</li> <li><input checked="" type="checkbox"/>The ADP can demonstrate effective strategic linkage with other local partnership groups and local communities</li> <li><input checked="" type="checkbox"/>The ADP can demonstrate examples of improvement activities and positive outcomes for the local population</li> <li><input checked="" type="checkbox"/>The ADP can demonstrate evidence that Strategic Planning is safe, effective, compassionate and person-centred</li> </ul>
1.2	<p><b>Inclusion</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/>The ADP can describe how they engage with local communities</li> <li><input checked="" type="checkbox"/>The ADP can demonstrate how any potential barriers to involvement or engagement are removed</li> <li><input checked="" type="checkbox"/>The ADP strategic planning is inclusive of people affected by drug and alcohol harms and their family members, those who use services, those who deliver services, and the local population</li> <li><input type="checkbox"/>The ADP embeds equality impact assessment processes to understand the diverse needs of local populations and uses this information to inform pathways and provision in its strategic planning and ensure human rights are met</li> <li><input checked="" type="checkbox"/>The ADP Strategy effectively aligns to other statutory plans / priorities on delivery in support to families in crisis or at risk of being in crisis as a result of drug / alcohol use (e.g. Child Protection, Adult Protection)</li> </ul>
1.3	<p><b>Planning Cycle</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/>The ADP can demonstrate that it delivers in line with a strategic cycle for planning which includes: needs assessment, delivery, commissioning, review and reporting of outcomes / progress</li> <li><input checked="" type="checkbox"/>ADP Strategic Planning is based on population health approaches and includes primary, secondary and tertiary prevention</li> </ul>
1.4	<p><b>Needs Assessment</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/>The ADP has a local assessment of the needs of people who use alcohol / drugs led by NHS Public Health and involving partners</li> </ul>

1.5	<p><b>Whole System Approach</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> The ADP can demonstrate that their strategic planning is based on national and local priorities, is evidence based and aligns with delivery of local supports and services</li> <li><input checked="" type="checkbox"/> The ADP has representatives of: <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Health and Social Care Partnership: mental health, primary care, adult services</li> <li><input checked="" type="checkbox"/> Specialist drug / alcohol services</li> <li><input checked="" type="checkbox"/> Health (e.g. emergency department, relevant acute wards, health improvement / public health)</li> <li><input checked="" type="checkbox"/> Children's services</li> <li><input checked="" type="checkbox"/> Police</li> <li><input checked="" type="checkbox"/> Justice services</li> <li><input checked="" type="checkbox"/> Housing / accommodation / homelessness services</li> <li><input checked="" type="checkbox"/> Employment services</li> <li><input checked="" type="checkbox"/> Community</li> <li><input checked="" type="checkbox"/> Lived experience</li> <li><input checked="" type="checkbox"/> Education</li> <li><input checked="" type="checkbox"/> Third Sector Interface</li> </ul> </li> <li><input checked="" type="checkbox"/> The ADP can demonstrate that other local planning partnerships and services incorporate and complement ADP activity to reduce alcohol and drug harms</li> </ul>
1.6	<p><b>Resources and Delivery</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> The ADP has an annual delivery plan agreed by member organisations that details resources aligned in support of delivery, including the following: direct resource, local financial investments and “in kind” resources. It details cross-system prioritisation and responsibilities within, for example, Health and Social Care Partnerships, Children’s Services Planning Partnerships, Community Justice Partnerships and Community Planning Partnerships to be deployed to implement the Annual Delivery Plan and the outcomes to be achieved</li> </ul>
1.7	<p><b>Outcomes</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> The ADP uses the outcomes and priority actions set out in <i>Rights, Respect and Recovery</i> and the <i>Alcohol Framework 2018: Preventing Harm</i> and the <i>National Mission Outcomes Framework</i></li> <li><input checked="" type="checkbox"/> The ADP outcomes are measurable and reportable</li> <li><input checked="" type="checkbox"/> The ADP routinely reports on progress against strategic outcomes</li> </ul>

2	<b>Quality Standard 2: The ADP can demonstrate public money is used to maximum benefit to deliver measurable outcomes for the local population in delivery of the Strategic Plans</b>
2.1	<b>Investment</b> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/>The ADP is able to demonstrate that investment in the delivery of outcomes comes from a range of sources, including the Local Authority, Health Board and the Integration Authority, as well as outside of the public sector</li> <li><input checked="" type="checkbox"/>The ADP can demonstrate investment is in line with Scottish Government priorities</li> <li><input type="checkbox"/>The ADP can demonstrate that investment is based on evidence of effectiveness and outcomes</li> <li><input type="checkbox"/>The ADP can demonstrate ability to disinvest based on evidence of effectiveness and outcomes and in line with changing priorities articulated through formal needs assessment</li> </ul>
2.2	<b>Governance</b> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/>The ADP has clear policies and procedures for aligning resources for investment with strategic planning</li> <li><input type="checkbox"/>The ADP seeks authorisation for investment from the Integration Authority and local scheme of delegation</li> <li><input checked="" type="checkbox"/>The ADP has a clear policy agreed with members and the Integration Authority on the treatment of underspends / overspends</li> <li><input type="checkbox"/>The ADP can demonstrate effective and transparent governance arrangements are in place</li> <li><input checked="" type="checkbox"/>The ADP can relate investments in third sector and public sector to performance and outcomes</li> </ul>

2.3	<p><b>Accountability</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/>The ADP and the Integration Authority can demonstrate all funding allocated to NHS Boards for onward delegation to ADPs is available to the ADP</li> <li><input checked="" type="checkbox"/>The ADP has full accountability for the totality of funding allocated for drugs / alcohol from its NHS Board and Local Authority</li> </ul>
2.4	<p>Reporting</p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/>The Health and Social Care Partnership Chief Finance Officer is a member (or formally represented) on the ADP</li> <li><input checked="" type="checkbox"/>There is regular routine financial reporting to the ADP on the total spend on alcohol and drug services</li> <li><input checked="" type="checkbox"/>The ADP and Integration Authority provide an quarterly and annual financial report to the Scottish Government</li> <li><input type="checkbox"/>The ADP reports to local governance structures on investments</li> </ul>
2.5	<p>Financial Planning</p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/>The ADP strategy includes investment to increase activity over time in relation to prevention and early intervention aligned with other such preventative spend across local partners / partnerships</li> </ul>
3	<p><b>Quality Standard 3 : The ADP can demonstrate quality improvement in delivery of outcomes</b></p>
3.1	<p><b>Methodology</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/>The ADP has or uses an underpinning quality improvement methodology</li> <li><input type="checkbox"/>ADP staff and members are supported to use improvement methodologies through training and other workforce development activities</li> </ul>
3.2	<p><b>Reporting</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/>The ADP can demonstrate examples of where improvement methods have had a positive impact</li> <li><input type="checkbox"/>The ADP can demonstrate links with outcome reporting, needs assessment and financial investment / disinvestment</li> </ul>

3.3	<p><b>Sustainability</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/>The ADP can demonstrate how achieved improvements are embedded and sustained</li> <li><input type="checkbox"/>The ADP benchmarks performance with other areas (e.g. other ADPs, other partnership groups)</li> </ul>
4	<p><b>Quality Standard 4 : The ADP can demonstrate appropriate Governance and Oversight in delivery of the Strategic Plan</b></p>
4.1	<p><b>Oversight</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/>ADP Members can demonstrate effective oversight arrangements are in place to deliver the local strategy</li> <li><input checked="" type="checkbox"/>The ADP can demonstrate processes to ensure oversight, coordination and alignment of ADP activity with other relevant local partnerships and strategies</li> </ul>
4.2	<p><b>Governance</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/>The ADP has published the roles and remit for members setting out how decisions are made, issues and disputes are resolved, conflicts of interest are managed</li> <li><input checked="" type="checkbox"/>There is an organogram that sets out the relationship of the ADP with the Integration Authority, with other planning boards (e.g. Children’s Partnership and the Community Justice partnership), and with areas of statutory responsibility (e.g. Child Protection and Adult Protection)</li> <li><input type="checkbox"/>The ADP can demonstrate how they know governance structures provide appropriate assurance of safe, effective, compassionate and person-centred delivery</li> <li><input checked="" type="checkbox"/>There are process in place for the ADP Chair to escalate and progress discussions with local partners / responsible officers when a priority is not being delivered and a process in place to ensure ADP contribution to aligned plans is being progressed</li> <li><input type="checkbox"/>The ADP strategic plan forms part of the overall Community Planning Partnership (CPP) offer, is ratified via CPPs, and aligns with the priorities of other key statutory plans</li> </ul>
4.3	<p><b>Risk Management</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/>There is a clear process for identifying and managing risk in relation to delivery of national and local priorities</li> <li><input type="checkbox"/>There are clear controls in place to reduce impact of identified risks</li> <li><input type="checkbox"/>The ADP can demonstrate how failure is reported, analysed and learning facilitated</li> </ul>



4.4	<p><b>Accountability</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/>The ADP can describe clear accountability to appropriate Chief Officer(s) responsible for the delivery of relevant policy, system or targets</li> <li><input checked="" type="checkbox"/>The ADP can demonstrate clear articulation of the relationship with senior accountable officers, and specifically, the relationship between the ADP and Public Protection that sit with the local Chief Officers Group and can demonstrate that processes are in place to ensure learning from drug deaths and responsibility for reducing substance use mortality and harm</li> </ul>
5	<p><b>Quality Standard 5 : The work of the Integration Authority and the ADP is aligned and the Integration Authority is able to provide Directions to partners in support of the ADP Strategic Plan</b></p>
	<ul style="list-style-type: none"> <li><input type="checkbox"/>The ADP has a clear policy on taking investment plans and business cases to the Integration Authority Joint Board for ratification</li> <li><input checked="" type="checkbox"/>The ADP provides performance and financial reporting to support the development of the Integration Authority's Annual Performance Report</li> <li><input type="checkbox"/>The ADP regularly reports to the Integration Authority on performance</li> <li><input checked="" type="checkbox"/>The work of the ADP is reflected in the objectives of the Integration Authority Strategic Plan</li> <li><input type="checkbox"/>Governance and oversight arrangements for ADP business are supported by the Integration Authority</li> <li><input checked="" type="checkbox"/>Adult treatment services are delivered in line with ADP strategy</li> <li><input type="checkbox"/>The ADP and the Integration Authority have a clear policy on how decisions and directions are managed for services out-with the scope of the Integration Authority (e.g. children's services, police, housing will be issued)</li> <li><input checked="" type="checkbox"/>The Integration Authority ensures governance arrangements support the deployment of resources at pace to support the Mission</li> </ul>

**ALCOHOL AND DRUG PARTNERSHIP ANNUAL REPORTING TO THE SCOTTISH GOVERNMENT  
2021/22:**

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

This form is designed to capture your **progress during the financial year 2021/22** against the of the Rights, Respect and Recovery strategy including the Drug Deaths Task Force emergency response paper and the Alcohol Framework 2018. This will not reflect the totality of your work but will cover those areas which you do not already report progress against through other processes, such as the MAT Standards.

We recognise that each ADP is on a journey of improvement and it is likely that further progress has been made since 2021/22. 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. 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 Reporting 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 **Friday 5 August 2022** to:  
[alcoholanddrugsupport@gov.scot](mailto:alcoholanddrugsupport@gov.scot)

**NAME OF ADP:** East Renfrewshire

**Key contact:**

**Name:** Tracy Butler  
**Job title:** Lead Planner (Recovery Services)  
**Contact email:** [tracy.butler@eastrenfrewshire.gov.uk](mailto:tracy.butler@eastrenfrewshire.gov.uk)

**I. DELIVERY PROGRESS REPORT**

**1. Education and Prevention**

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

*Please select 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"/> |
| Apps/webchats                                    | <input type="checkbox"/>            |
| Events/workshops                                 | <input type="checkbox"/>            |
| Please provide details...                        |                                     |
| Accessible formats (e.g. in different languages) | <input type="checkbox"/>            |
| Please provide details...                        |                                     |
| Other  | <input type="checkbox"/>            |

<https://www.eastrenfrewshire.gov.uk/alcohol-and-drug-services>

East Renfrewshire Talking Points – a single point of contact for HSCP services

All prevention / awareness raising and education based campaigns were delivered online via social media (Facebook), websites or via our staff Communication channels such as Chief Officer's Brief. There were no face-to-face events due to Covid restrictions

1.2 Please provide details of any specific education or prevention campaigns or activities carried out during 2021/22 (E.g. Count 14 / specific communication with people who alcohol / drugs and/or at risk).

Campaign theme	International	National	Local
General Health	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Overdose Awareness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seasonal Campaigns	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Mental Health	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Communities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Criminal Justice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Youth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anti-social behaviour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reducing Stigma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexual Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please specify...

Campaigns promoted locally across ERHSCP over 2021 were: Dry January / Time to Talk (MH Campaign-Feb) / Stress Awareness Month (April) Mental Health Awareness Week –May / Suicide Prevention Week (September) Alcohol Awareness / Festive Drinking (November / January). Throughout the year, all promotional activity was delivered via social media, East Renfrewshire Council website and shared amongst local networks /

email distribution lists to ensure reach to third sector partners and communities where possible. Both national and local material were used with the tag line “it’s ok not to be ok” featuring in the majority of the campaigns throughout the year. The aim was continual promotion of this message alongside the helplines and support services available. This approach recognised the key links between mental health and wellbeing and substance use and reflecting this within prevention approaches and promotion of available supports.

1.3 Please provide details on education and prevention measures/ services/ projects provided during the year 2021/22, specifically around drugs and alcohol (select all that apply).

Teaching materials	<input checked="" type="checkbox"/>	
Youth Worker materials/training	<input checked="" type="checkbox"/>	
Promotion of naloxone	<input type="checkbox"/>	
Peer-led interventions	<input type="checkbox"/>	
Stigma reduction	<input type="checkbox"/>	
Counselling services	<input type="checkbox"/>	
Information services	<input type="checkbox"/>	
Wellbeing services	<input type="checkbox"/>	
Youth activities (e.g. sports, art)	<input checked="" type="checkbox"/>	
Other	<input checked="" type="checkbox"/>	Please provide details...

During the reporting period, Covid restrictions continued to impact on how youth work was targeted and delivered by the CLD team. Due to building size and restrictions still in place, indoor group work continued to only target those most in need.

Youth work delivery in secondary schools resumed in all local schools, with a request from teachers to focus work on the mental health and wellbeing of pupils.

Authority wide detached youth work continued as the main method of engaging with young people. Throughout the year young people continued to engage with staff during detached work sessions and initiate conversations around drug and alcohol use and associated risk taking behaviours, sexual health and relationships, vaping, crime and safety, exam stress etc. In the reporting period, staff recorded 3049 interactions with young people.

In October 2021, a weekend problem solving detached youth work team was established to respond to on-going concerns about young people’s risk taking and anti-social behaviour at the weekend. During these sessions Sat-Sun, November – March 22 staff recorded 116 interactions with young people. As a direct result of conversations with young people, specific in-person group sessions developed.

The early intervention and prevention programme allowed partners us to target those who were participating in risk taking behaviours. Youth work worked alongside campus cops, schools and other partners to identify and target young people who would benefit from involvement in these issue based sessions. Through conversations with young people and data collected from detached recordings, a programme was developed which focused on drugs, alcohol, sexual health education and No Knives Better Lives which was delivered in 3 secondary schools with 47 young people participating in the programmes which ranged from 6 – 12 sessions.

Diversionsary activities continued throughout the year with 286 young people participating in outdoor activity sessions May – July 2021 and 128 young people taking part in the Summer of Fun Programme where young people were able to participate in activities including, Go Ape, water sports, Go Karting etc. Ten young people have also been involved in a skate park partnership project with Police Scotland.

Detached Work (Mon – Fri full year) – 3049  
 Weekend Detached (Sat-Sun, November – March 22) – 116  
 Outdoor Activity Sessions May-July 21) – 286  
 Sunday Drop in (Jan-March 22) – 66  
 Summer of Fun Activities 128

Skatepark Project – 10  
School Based targeted ASB group work – 47

1.4 Please provide details of where these measures / services / projects were delivered.

- Formal setting such as schools
- Youth Groups
- Community Learning and Development
- Via Community/third Sector partners or services
- Online or by telephone
- Other  Please provide details... Community outreach work  
as described above

1.5 Was the ADP represented at the alcohol Licensing Forum?

- Yes
- No

1.6 What proportion of license applications does Public Health review and advise the Board on?

- All
- Most
- Some
- None

1.7 If you would like to add any additional details in response to the questions in this section on Education and Prevention, please provide them below (max 600 words).

Guidance for schools on managing incidents of drug and alcohol misuse has been developed, shared with and presented to head teachers of all East Renfrewshire schools. Anecdotal feedback from head teachers suggests that the guidance has provided greater clarity when dealing with these situations.

We continue to liaise with the NHS team who oversee the Substance Misuse Toolkit to provide an update on this resource; this update will be accompanied by training for school pastoral care staff who deliver Health and Wellbeing (PSE) programmes in schools. We are also developing a refreshed PSE skills planner for East Renfrewshire secondary schools, which will include an updated focus on substance misuse. The development of this planner has included consultation with pupils on the content and pedagogy that provides the greatest impact on their learning.

The Mentors in Violence Prevention (MVP) programme has been established in all seven East Renfrewshire secondary schools, following training for school staff and partners (inc. Police, CLD, SW, Women's Aid) in May 2021 and May 2022. It is too early to measure impact of the programme in schools, as Covid restrictions have delayed full implementation. The focus over the last year has been on training pupil mentors in school who will lead delivery of workshops within PSE programmes.

## 2. Treatment and Recovery

2.1 What treatment or screening options were in place to address alcohol harms? (*select all that apply*)

- |   |  |
|---|--|
| Fibro scanning  | <input type="checkbox"/>                           |
| Alcohol related cognitive screening (e.g. for ARBD)                                   | <input checked="" type="checkbox"/>                |
| Community alcohol detox   | <input checked="" type="checkbox"/>                |
| Inpatient alcohol detox   | <input checked="" type="checkbox"/>                |
| Alcohol hospital liaison <sup>1</sup>   | <input checked="" type="checkbox"/>                |
| Access to alcohol medication (Antabuse, Acamprase etc.)                               | <input checked="" type="checkbox"/>                |
| Arrangements for the delivery of alcohol brief interventions in all priority settings | <input type="checkbox"/>                           |
| Arrangements of the delivery of ABIs in non-priority settings                         | <input type="checkbox"/>                           |
| Psychosocial counselling  | <input checked="" type="checkbox"/>                |
| Other   | <input type="checkbox"/> Please provide details... |

<sup>1</sup> Boardwide provision

2.2 Please indicate which of the following approaches services used to involve lived experience / family members (*select 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 type="checkbox"/>   |
| Lived experience group / forum       | <input checked="" type="checkbox"/>  |
| Board Representation within services | <input type="checkbox"/>   |
| Board Representation at ADP          | <input type="checkbox"/>   |
| Other                                | <input type="checkbox"/> Please provide details...The East Renfrewshire Peer |

Research Programme is now established and the first study on experiences of OST has been completed, with actions in response being taken forward by local services. The peer research group have also participated in shaping the role of peer navigators in a new service being established locally and are about to undertake the second peer study. Peers have direct lived experience as well as indirect through supporting family members. The Lived Experience (LE) Panel have worked with the Advocacy Project throughout 2021-22, to identify their priorities and shape their role and involvement, and the arrangements for the formal linkages with the ADP are in progress. PARTNER recovery group also link closely with the ADP Lead and the alcohol and drugs service. The peer research group and panel and are actively involved in events and developments.

*For family members:*

- |                                      |  |
|--------------------------------------|--|
| Feedback/ complaints process         | <input checked="" type="checkbox"/>  |
| Questionnaires/ surveys              | <input checked="" type="checkbox"/>  |
| Focus groups / panels                | <input type="checkbox"/>   |
| Lived experience group/ forum        | <input checked="" type="checkbox"/>  |
| Board Representation within services | <input type="checkbox"/>   |
| Board Representation at ADP          | <input type="checkbox"/>   |
| Other                                | <input type="checkbox"/> Please provide details...as above. In addition, initial engagement with family members about their awareness and experience of family support services was undertaken, including 1-1 interviews and focus groups. |

2.3 How do you respond to feedback received from people with lived experience, including that of family members? (max 300 words)

We have ongoing dialogue with established groups, with feedback provided through attendance at meetings or sending written feedback. We are currently working on streamlining and refining this approach.

2.4 Please can you set out the areas of delivery where you had effective arrangements in place to involve people with lived experience?

Planning, I.E. prioritisation and funding decisions

Implementation, I.E. commissioning process, service design

Scrutiny, I.E. Monitoring and Evaluation of services

Other

Please provide details...

Please give details of any challenges (max 300 words)

Lived experience volunteers in East Renfrewshire, through peer research and the panel, are enthusiastic and committed. Some volunteers are involved in peer research, the LE Panel and PARTNER recovery group and give a lot of their time to working with the ADP. This is highly valued but also a challenge as the ADP and those with lived experience themselves wish to ensure volunteers are not overwhelmed. There are a great many areas of development, funding and evaluation where we want to ensure a lived experience involvement and influence. It is also a challenge to engage those who tend not to get involved and ensure their needs are reflected. People with lived and living experiences were consulted in and contributed to the review of the local Residential Rehabilitation Care Pathway, which was published on the HSCP website in June 2022. The timescales for this were tight. A key challenge is where Scottish Government timescales for ADP responses are very short and this makes it even more challenging to meaningfully engage with lived experience groups.

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

a) Yes

No

b) If yes, please select all that apply:

Peer support / mentoring

Community / Recovery cafes

Naloxone distribution

Psychosocial counselling

Job Skills support

Other

Please provide details...peer research volunteer programme, access to training and practical experience conducting research. Peer navigator roles advertised locally. Peer support worker roles advertised locally. The Community Recovery Team (within addictions services) provide job skills support, signpost to employability services and a peer support service is available to support people in recovery to set recovery goals and work towards these. Employability services are in place locally and support people in the full range of employability needs including those with complex need such as in recovery from alcohol and drugs and those who are furthest from the job market.

2.6 Which of these settings offered the following to the public during 2021/22? (select all that apply)

Setting:	Supply Naloxone	Hep C Testing	IEP Provision	Wound care
Drug services Council	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drug Services NHS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drug services 3rd Sector	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
A&E Departments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other ... (please detail)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2.7 What protocols are in place to support people with co-occurring drug use and mental health difficulties to receive mental health care? (max 300 words)

There is an NHS Greater Glasgow and Clyde Interface Protocol in place between Mental Health and Alcohol and Drugs Services. In East Renfrewshire we work closely with our Primary Care and adult CMHT colleagues, we have built multi-disciplinary teams with various skill sets within each team who offer different areas of expertise, to ensure we can offer the wrap around care needed. We have clearly defined referral criteria and referral pathways in place that allows for a seamless transition for individual's requiring support from various services.

Is mental health support routinely available for people who use drugs or alcohol but do not have a dual diagnosis (e.g. mood disorders)?

Yes   
No

Please provide details (max 300 words) Our experience is that mental illnesses like PTSD (post-traumatic stress disorder), anxiety, or depression often contribute to the onset and continuation of substance use. Treating one disorder is likely to help the other (i.e. addressing your substance use disorder will likely improve your mental health and addressing your mental health will likely improve your substance use, it's best to treat them both at the same time). Most individuals are likely to have issues with anxiety/low mood who may not have a formal diagnosis. All workers are able to provide support to address these issues while providing education regarding the impact substances have in perpetuating these issues. Most staff are trained in offering a self-help CBT approach to overcoming depression and anxiety. We have access to a clinical psychologist one day per week who offers psychological interventions.



2.8 Please describe your local arrangements with mental health services to enable support for people with co-occurring drug use and mental health (max 300 words)

People with co-occurring addiction and/or mental health issues are supported by the Community Addiction & Recovery Team, while people with severe and enduring mental health issues are supported by the Community Mental Health Team; we have good working relationships with our CMHT colleagues. Some individuals may be open to both teams who work together to devise care plans and interventions. The majority of the team is trained in providing low intensity mental health interventions such as SPIRIT, Living Life to the Full. This intervention is a CBT approach to overcoming difficulties such as anxiety, depression and psychosis. Issues that are more complex may require the intervention of a mental health nurse or psychologist. Co-morbid cases will look at mental health issues in the context of drug/alcohol use, however acute mental health assessment from our CMHT requires some stability in the person's drug/alcohol use and preferably abstinence for interventions to be effective. For some people this is difficult to achieve and if they perceive their mental health to be the main presenting issue, then the abstinence approach could result in disengagement from services. Following mental health assessment by nursing staff, discussion of findings take place at MDT with referral onto psychiatry/psychologist as appropriate. A tiered approach to mental health/trauma issues is adopted to ensure people are getting the right access to the right supports at the right time.

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

Yes   
No

2.10 Please provide a short description of the recovery communities in your area during the year 2021/22 and how they have been supported (max 300 words)

East Renfrewshire has a committed, active and enthusiastic community led recovery group, PARTNER. (Partners Achieving Recovery Together in East Renfrewshire). Prior to the Covid-19 pandemic the group were running independently, having secured funding from a range of sources. The pandemic restrictions meant there was no access to premises and group members provided peer support on the phone and meeting outdoors when possible. From Feb 2021, the ADP provided support to find a suitable venue and financial support, as well as working with the group to access longer term funding. The peer research programme, while primarily providing research skills development and training, also proved to be a valuable recovery support, based on feedback from participants of the value of the weekly sessions, providing structure, routine and peer support. The Community Addictions Service has also restarted weekly mutual aid groups.

2.11 What proportion of services have adopted a trauma-informed approach during 2021/22?

All services   
The majority of services   
Some services   
No services

Please provide a summary of progress (max 300 words)

The community addictions team practices trauma informed care with everyone who comes through the service. In East Renfrewshire we focus on developing a good rapport with people, we explain how substance use disorders develop and offer a message of hope that recovery is possible. Some staff are formally trained in Trauma Informed Approaches. East Renfrewshire HSCP is taking forward a commitment for significant staff capacity building programme to ensure a trauma informed workforce across all services. Staff from across the HSCP have been seconded into a team to drive this initiative forward. Leadership level training has taken place and we await detail on timescales and the roll out plan for future trainings. Our aim is to have all staff trained to at least Level 2 trauma trained interventions with some staff trained at Level 3 who are available to offer more intensive psychological interventions. Level 4 interventions are provided by our clinical psychologist.

2.12 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 / Early Warning System
- Other  ... HSCP Drug Related Death Prevention Working Group, NHSGGC Care Governance Group and sub groups include SAER (Significant Adverse Event Review) Group, MAT/Substitute Prescribing Management Group, Partnership Safety Group. At team level Team Meetings and the Multi-Disciplinary Team Meeting is used to review deaths and discuss complex cases. Note Alcohol Harms Group is a Boardwide group

2.13 Please provide a summary of the arrangements 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)

DATIX process is used if the individual is currently accessing the service or the record has been closed within one year. Every death for those in service at time of death or within 12 months of their death will be recorded on DATIX and a Briefing Note (Previously Rapid Alert Briefing Note and Severity 4/5 Note) will be completed. Local arrangements are in place. If required the case will be brought to a Multi-Disciplinary Team discussions. Any learning from the review is brought to the team meeting or to a Boardwide meeting if relevant.

2.14 Please provide a summary of arrangements which are in place to carry out reviews on drug related deaths, how lessons learned are built into practice, and if there is any oversight of these reviews from Chief Officers for Public Protection. (max 300 words)

DATIX process is used if the individual is currently accessing the service or if the record has been closed within one year. Depending on nature of the death, there may be a Rapid Review Form or a Severity 4/5 Report. Local arrangements are in place. If required the case will be brought to a Multi-Disciplinary Team discussion. Any learning from the review is brought to the team meeting or to a Boardwide meeting if relevant. Learning from the Board Wide Meeting is also shared with the Team.

2.15 If you would like to add any additional details in response to the questions in this section on Treatment and Recovery, please provide them below (max 300 words).

Click or tap here to enter text.

### 3. Getting it Right for Children, Young People and Families

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

- a) Yes   
 No

b) If yes, please select all that apply below:

Setting:	0-5	6-12	12-16	16+
Community pharmacies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diversionsary Activities	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Third Sector services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family support services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Mental health services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
ORT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recovery Communities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Justice services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Mobile / outreach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Please provide details...				

3.2 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?

- a) Yes   
 No

b) If yes, please select all that apply below:

Setting:	0-5	6-12	12-16	16+
Support/discussion groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diversionsary Activities	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
School outreach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carer support	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Family support services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Mental health services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Information services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mobile / outreach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Please provide details...				

3.3 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)

There are actions within the Children's Services Plan (Young Person's Sub Group Plan) that are shared within the Alcohol and Drugs Strategy, to reflect the shared priorities.

3.4 How did services for children and young people, with alcohol and/or drugs problems, change in the 2021/22 financial year?

Improved   
Stayed the same   
Scaled back   
No longer in place

3.5 How did services for children and young people, affected by alcohol and/or drug problems of a parent / carer or other adult, change in the 2021/22 financial year?

Improved   
Stayed the same   
Scaled back   
No longer in place

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

a) Yes   
No

b) If yes, please select all that apply below:

Signposting   
One to One support   
Support groups   
Counselling   
Commissioned services   
Naloxone Training   
Other

Please provide details... The East Renfrewshire Community Recovery team also includes family support for anyone concerned about their family members alcohol or drug use. Family members can access this support even if their relative isn't involved with the service. Family support can provide specific details about alcohol and drug use, behaviour change and some practical approaches that may be helpful to the family member. Family members can also be involved in the recovery care plan of the person using alcohol and drugs if their family member agrees to this. There are currently no family support groups in East Renfrewshire, however, the need for this is being explored.

3.7 How did services for adult family members change in the 2021/22 financial year?

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

3.8 The Whole Family Approach/Family Inclusive Framework sets out our expectations for ADPs in relation to family support. Have you carried out a recent audit of your existing family provision?

a) If yes, please answer the following:

Last year SG provided an additional £3.5m to support the implementation of the framework. Please provide a breakdown and a narrative of how this was used in your area. (max 300 words)

Development work currently ongoing to identify priorities for this funding, engagement with families and service agencies undertaken.

Please detail any additional information on your progress in implementing the framework in 2020/21 (max 300 words)

The Community Addictions Service has appointed a Recovery Team Coordinator, overseeing the family support service. They will undertake work to review the range of services and supports required to ensure the needs of family members are met. The whole team approach has been reviewed to ensure the opportunities for family/significant others to be involved in an individual's recovery – this is introduced as early as possible and revisited throughout the recovery journey.

b) If no, when do you plan to do this?

This work is prioritised for autumn 2022.

3.9 Did the ADP area provide any of the following adult services to support family-inclusive practice? (select 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 type="checkbox"/>	<input type="checkbox"/>
Mentoring	<input type="checkbox"/>	<input type="checkbox"/>
Social Activities	<input type="checkbox"/>	<input type="checkbox"/>
Personal Development	<input type="checkbox"/>	<input type="checkbox"/>
Advocacy	<input type="checkbox"/>	<input type="checkbox"/>
Support for victims of gender based violence	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Other	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Please provide details... Direct family support from the Community Recovery Team as detailed above ...

#### 4. A Public Health Approach to Justice

4.1 If you have a prison in your area, were satisfactory arrangements in place, and executed properly, to ensure ALL prisoners who are identified as at risk were provided with naloxone on liberation?

- Yes
- No
- No prison in ADP area

Please provide details on how effective the arrangements were in making this happen (max 300 words)

Individuals from East Renfrewshire would usually go to HMP Low Moss in Bishopbriggs. Where an individual is identified as at risk of drug related overdose they are offered the opportunity to participate in Naloxone education at the point of induction. This is currently provided by healthcare staff but plans are in place to train peer mentors within the prisons to support this function. Following participation in the education session people are asked if they wish to take naloxone with them when they leave custody. Where this is agreed a take home naloxone kit is then provided for issue on release. Naloxone Data is recorded and provided to Public Health Scotland on a quarterly basis.

4.2 Has the ADP worked with community justice partners in the following ways? (select all that apply)

- Information sharing
- Providing advice/ guidance
- Coordinating activities
- Joint funding of activities
- Access is available to non-fatal overdose pathways upon release
- Other  Please provide details

Transfer of medication assisted treatments into and on release from prison to community. People leaving prison would be offered an appointment on the day of release.

4.3 Has the ADP contributed toward community justice strategic plans (e.g. diversion from justice) in the following ways? (select all that apply)

- Information sharing
- Providing advice/ guidance
- Coordinating activities
- Joint funding of activities
- Other  Please provide details

4.4 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.

a) Upon arrest (please select all that apply)

Please provide details on what was in place and how well this was executed.....

Diversion From Prosecution

Exercise and fitness activities

Peer workers

Community workers

Other  Please provide details...At a local level, much work is undertaken to divert people, including those with alcohol and / or drugs issues, from the criminal justice system at various points in the pathway from arrest to the court process – with a number of partners supporting this, including Police Scotland. The public health approach now adopted in Police Scotland's Greater Glasgow Division Drugs Strategy will contribute to the delivery of the outcomes in this area, particularly for vulnerable individuals in regular contact with police.

b) Upon release from prison (please select all that apply)

Please provide details on what was in place and how well this was executed.....

Diversion From Prosecution

Exercise and fitness activities

Peer workers

Community workers

Naloxone

Other  Please provide details...Prison Health Care staff liaise with relevant community services/staff from both statutory and third sector agencies to ensure continuity of care and treatment for individuals with drug and alcohol concerns. This can include Medication Assisted Treatment, medicine management, recovery services, family support, peer support and formalised counselling on release from prison. Liaison with community prescribers to ensure continuity of treatment for any physical and/or mental health needs. Where patient consent has been agreed family members can be included in the provision of these throughcare arrangements for people returning to East Renfrewshire.

4.5 If you would like to add any additional details in response to the questions in this section on Public Health Approach to Justice, please provide them below (max 300 words).

Click or tap here to enter text.

## II. FINANCIAL FRAMEWORK 2021/22 (Should be completed by Chief Financial Officer)

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	528,214
2021/22 Programme for Government Funding and National Mission Funding <sup>1</sup>	524,870
Additional funding from Integration Authority	0
Funding from Local Authority	269,654
Funding from NHS Board	211,191
Total funding from other sources not detailed above	
Carry forwards <sup>2</sup>	262,643
Other <sup>5</sup>	50,000
<b>Total</b>	<b>1,846,572</b>

### B) Total Expenditure from all sources

	£
Prevention including educational inputs, licensing objectives, Alcohol Brief Interventions <sup>4</sup>	0
Community based treatment and recovery services for adults	928,121
Inpatient detox services	0
Residential rehabilitation (including placements, pathways and referrals)	34,278
Recovery community initiatives	100,215
Advocacy services	6,000
Services for families affected by alcohol and drug use (whole family Approach Framework) <sup>3</sup>	51,560
Alcohol and drug services specifically for children and young people <sup>4</sup>	0
Drug and Alcohol treatment and support in Primary Care	0
Outreach	0
Other (total ADP reserves balance) <sup>6</sup>	726,398
<b>Total</b>	<b>1,846,572</b>

#### Additional finance comments

<sup>1</sup> Includes £111,597 PfG and £413,273 Drugs Mission

<sup>2</sup> This total includes DDTF reserves. The ADP has agreed in principle an investment plan to spend reserves, and the DDTF reserves are already earmarked.

<sup>3</sup> This total includes services that support adult family members and people within the justice system with alcohol/drug harm. The HSCP (children and families social work) also provides intensive family support where there is parental harmful alcohol and / or drug use. The costs of this are met from another budget and are not apportioned here.

<sup>4</sup> While no monies allocated specifically from ADP to children and young people's services, these are funded through wider HSCP budgets (such as children and families social work). Likewise for prevention activities.

<sup>5</sup> Corra Foundation DDTF Grant

<sup>6</sup> Inclusive of DDTF funds, Corra Foundation grant and Drugs Mission. A number of specific services and projects are underway and funds will be drawn down from reserves in 2022-23, including: recovery community initiatives, Alcohol Brief Interventions provision, youth outreach, digital access, implementation of Medication Assisted Treatment Standards and residential rehabilitation placements.



**Annex 5**

**East Renfrewshire Alcohol and Drugs Partnership**

**Strategy 2020-23**

**Reducing Alcohol and Drug Related Harm**

**Progress Report**

**April 2022**

## Introduction

East Renfrewshire Alcohol and Drugs Partnership brings local partners together to take a whole systems approach to reducing drug and alcohol related harm. Our services focus on a person-centred approach to ensure individuals with harmful alcohol and / or drug use feel supported, included and respected.

The Alcohol and Drugs Strategic Plan for 2020-23 was approved and published in September 2020 with a range of actions agreed to deliver on the priorities set out in Rights, Respect and Recovery:

- Early intervention and prevention
- Fewer people develop problem drug use
- Recovery oriented approaches
- Public health approach to justice

The diagram overleaf shows the priority actions agreed under each of these themes.

Partners are now more than halfway through the delivery period of the strategy and, although the strategy was written during the Covid-19 pandemic and reflected the key challenges it presented, there have been further considerable changes at national level since then. The launch of the national Drugs Mission, including the implementation of the Medication Assisted Treatment Standards, increased focus on access to residential rehabilitation and family support, has instigated a significant programme of change within local alcohol and drugs services and partnerships. Partners have been urgently responding to the Drugs Mission while also delivering on the existing strategy actions.

This progress report contains key data updates, action updates as well as a small number of more detailed case studies.

**Intermediate Outcome**

We will know we are making good steps along

**Our contribution:**

So what we need to achieve is:

A strong focus on prevention and early intervention

Residents are protected from drug and alcohol related harm

Recovery focused and person centred services

**STRATEGY ON A PAGE**

The needs of families of individuals with harmful alcohol and / or drug use are prioritised

The needs of individuals in justice setting with harmful alcohol and / or drug use are prioritised

**Critical activities:**

We will do this by:

Promoting health improvement resources to enable informed choices about alcohol and drugs and tackle health inequalities

Implementing an effective approach to Alcohol Brief Interventions

Assessing the level of provision of licensed premises in Barrhead

Working together with individuals with lived experience to improve services and outcomes and build recovery communities

Enhancing skills and knowledge of alcohol and drugs partners to support individuals in their recovery

Increasing the distribution of Naloxone to prevent drug related deaths

Enabling participation in Treatment and recovery through targeting hardest to reach and tackling digital poverty

Working in partnership to improve housing and employability outcomes for individuals

Working jointly to support families to recover from alcohol and drugs

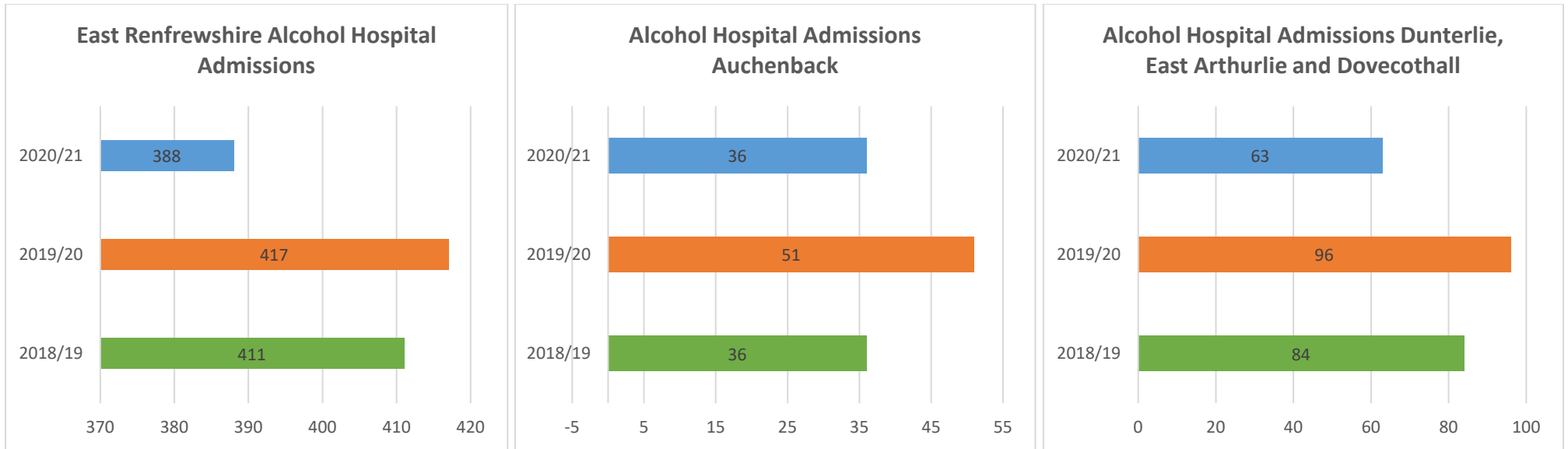
Strengthening practice in Signs of Safety approach to child protection across alcohol and drugs partners

Developing a multi-agency service to meet the needs of women in the justice setting

Working with Police Scotland on the delivery of the Greater Glasgow Division Drugs Strategy

Assessing health needs of community justice service users

Section 1: Key Data Updates

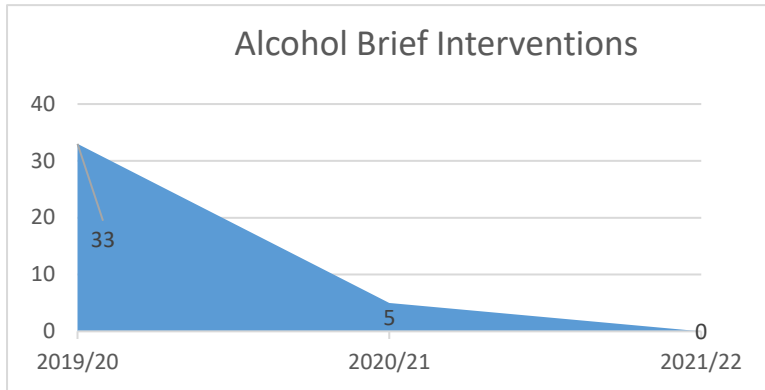


All rates calculated per 100,000 population and show that the East Renfrewshire hospital stay rate has reduced by 7% in past year and 5.5% since 2018/19. Others area have also reduced with Auchenback by 41% and Dunterlie, East Arthurlie and Dovecothall by 52%. There are a number of complex factors that influence hospital admissions. East Dunbartonshire ADP hospital admissions are slightly higher than East Renfrewshire (415 per 100,000 in 2020/21 and 441 for 2019/20, showing slight reduction of 6%.

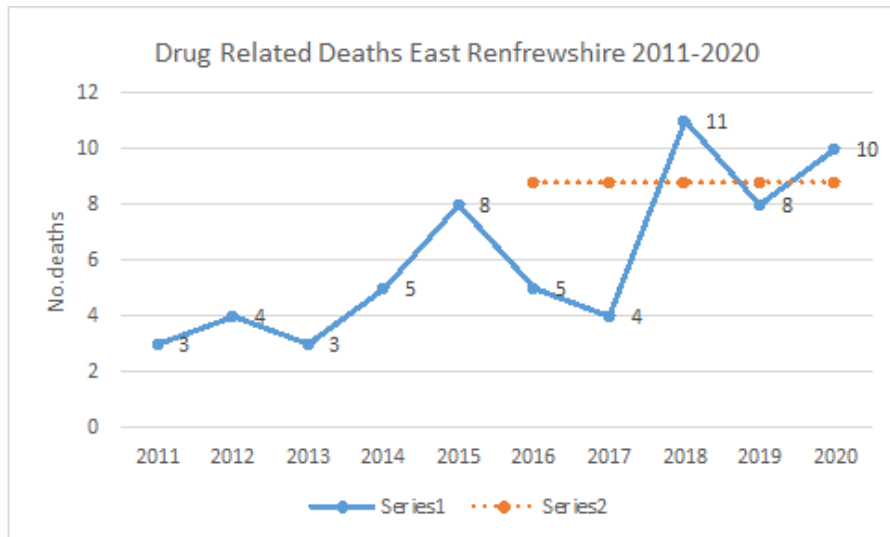
Drug related hospital admissions		
	2018/19	2019/20
Drug Related Hospital Admissions	76.64	85.26

Data shows age-sex standardised rate per 100,000 and 3 year aggregates for East Renfrewshire shows a slight increase of 11%. As a comparator, East Dunbartonshire area has recorded a slightly higher rate of hospital admissions in the same timeframe although has remained more stable (2018/19 – 100.25 and 2019/20 - 103.37, a very slight increase of 3%)

Delivery of Alcohol Brief Interventions

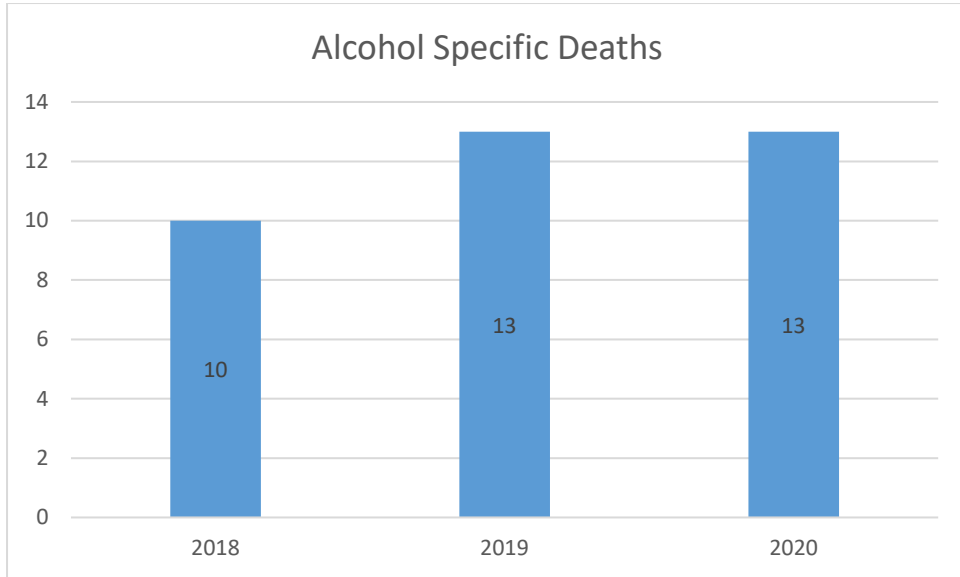


The number of Alcohol Brief Interventions being completed in East Renfrewshire have been in decline. These were affected further during Covid-19 period from 2020 with numbers reducing from 33 in 2019 to nil return for 2021/22 however the ADP has approved funding for commissioned ABI work in the coming months to get this work progressing again.

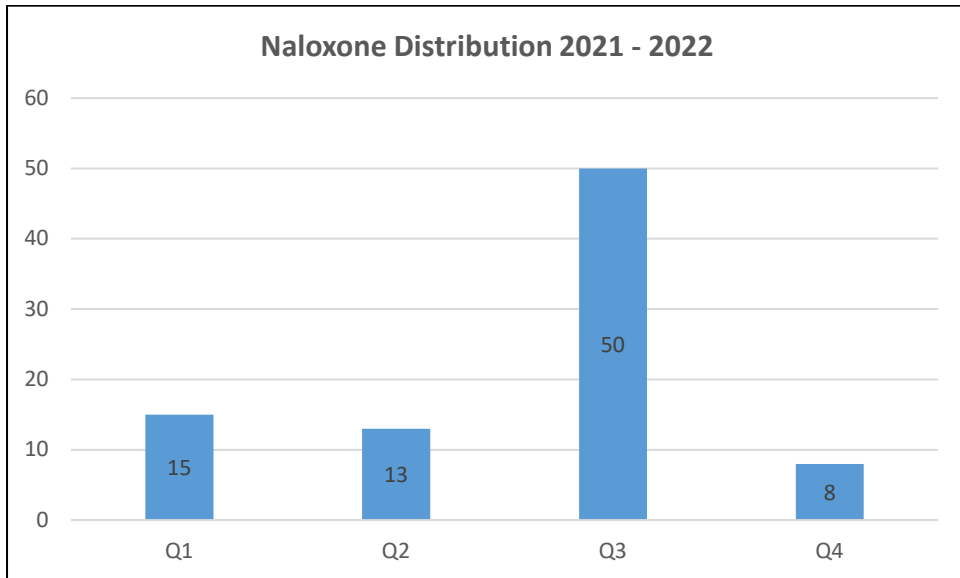


National Records Scotland analysis of age standardised death rate over period 2016-2020 shows East Renfrewshire has the lowest five year average death rate in mainland Scotland (8.8). Dundee City has the highest with 43.1 followed by Glasgow (39.8). East Dunbartonshire, a similar area in terms of population and demographics had 9.5. 2021 data is expected to be published in the summer.

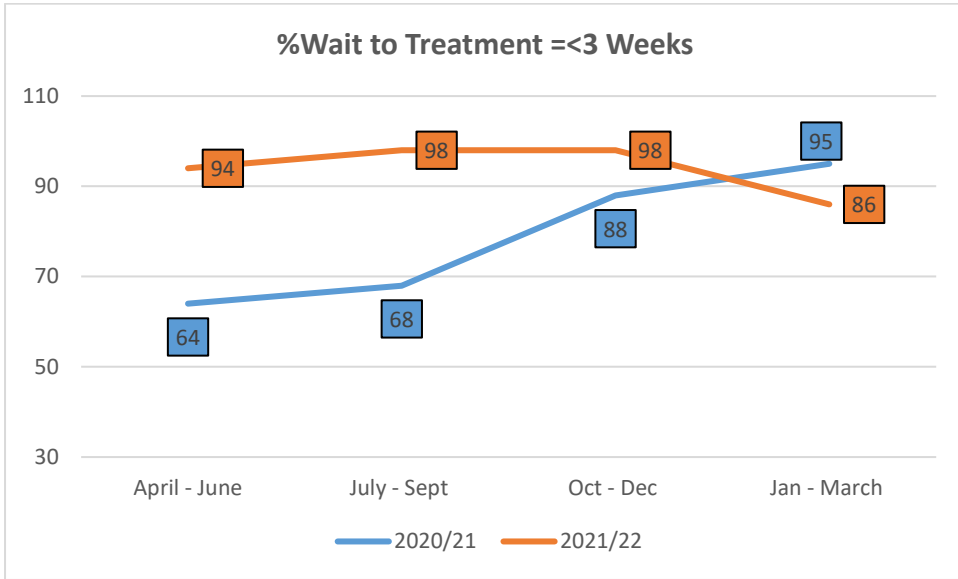
Source: National Records of Scotland



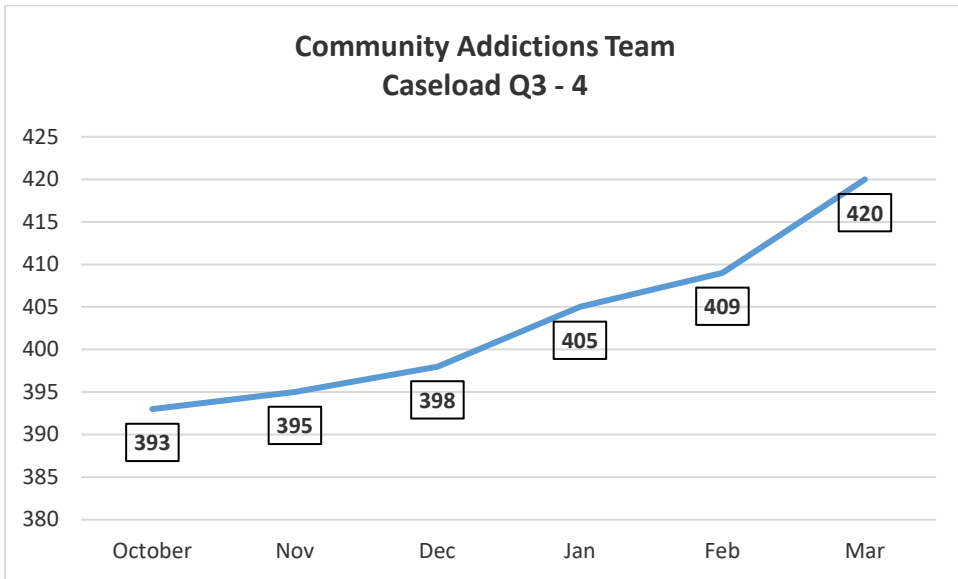
- The number of alcohol specific deaths in **East Renfrewshire** in 2020 is the same as in 2019 – 13 deaths, while the national figures increased by 17%.
- The annual number of deaths over the last decade in East Renfrewshire has ranged from a low of 7 in 2015 to a high of 14 deaths in 2016.
- The five year average per 100,000 age-standardised population, a more reliable measure due to the small numbers of deaths in the area, shows that East Renfrewshire has had an average five year rate of either 11 or 12 alcohol specific deaths, the lowest in the GGC area.



Naloxone distribution has increased by 26% in 2021/22 to 86 from 66 kits issued in 2020/21. Source – Local Recording Log



In 2021-22, the new national drug and alcohol information system, DAISy, was launched. The system is now well-embedded within local services and after some delays, reports on waiting times can now be generated. Also in 2020/21 the Team were impacted by Covid restrictions and staff shortages which contributed to the fall in patients waiting for treatment but the Team was able to fill a number of vacancies and have improved waiting times over the past year, meeting the target consistently, with a slight drop in Q4 due to administration delay in recording appointments, which have since been rectified.



In the last 6 months till March 2022 the caseload has increased by 7%, which might also reflect the increase in the wait times for team

## Section 2: Action Updates

Action Description	Lead Organisation and Partners	Update April 2022
<b>Prevention</b>		
Develop and deliver a whole population health improvement approach to promote informed choices in relation to alcohol and drugs and promote positive mental health and wellbeing, through access to accurate, consistent and reliable information, which takes account of the needs of various target groups, life stages and socio-economic and health inequalities	East Renfrewshire HSCP	Development of a Communications plan for 2022/2023 to support health events and health promotion activity. Campaigns will aim to educate, increase awareness, reduce stigma and a support positive health and wellbeing. Paid campaigns have been implemented with Breathing Space and the new Togetherall platform. The communications plans explores new methods of communication such as marketing techniques with the aim of maximising reach specifically with "hard to reach groups" including young people aged 18-25. Digital and face to face approaches will be maximised as we move slowly to return to face to face services / delivery.
Development of robust Alcohol Brief Interventions approach, including training and capacity building of staff across a range of appropriate service providers and settings	East Renfrewshire HSCP	Agreement from ADP to invest in ABI delivery through the third sector. Quick Quote process underway to commission service provider who will deliver ABIs, ABI training and training for trainers over a 12 - 18 month period, with the aim of building local capacity for both training provision and ABI delivery.
Develop an overprovision assessment for Barrhead based on robust health and police data and engagement with local communities and other stakeholders and put forward for inclusion in East Renfrewshire licensing board policy statement	Police Scotland and East Renfrewshire HSCP	Work now rescheduled to Year 3
Provide updated guidance on managing incidents of drug and alcohol misuse, with associated training based on the Substance Misuse Toolkit.	East Renfrewshire Council (Education)	Guidance on managing incidents of drug and alcohol misuse has been developed, shared with and presented to head teachers of all East Renfrewshire schools in all sectors. Anecdotal feedback from head teachers suggests that the guidance has provided greater clarity when dealing with these situations. It has not yet been possible to provide training for pastoral care school staff on the Substance Misuse Toolkit as an NHS led team are still updating this resource.



<p>Develop and deliver a health improvement approach to alcohol, drugs, mental health and wellbeing with children and young people to promote informed choices in relation to alcohol and drugs and promote positive mental health and wellbeing, through access to accurate, consistent and reliable information</p>	<p>East Renfrewshire HSCP, East Renfrewshire</p>	<p>Covid restrictions have made it very difficult to engage with young people in-person. The Community Learning and Development team have been critical in maintaining engagement and building relationships with young people through a detached outreach model. During the period June-December 2020 the CLD team had 4774 interactions with young people (this counts interactions not individuals). From March 2021-present CLD have continued to engage with a high number of young people during detached with 3365 interactions and in October 2021 a weekend outreach programme was developed. Staff adopt a harm reduction approach when discussing young people's safety, risk taking behaviours, drug and alcohol consumption and anti-social behaviour. The issues identified during outreach inform the development of programmes in schools. Alcohol and Drugs Partnership funding has been allocated to continue the detached outreach weekend programme from October 2022 to March 2023.</p>
<p><b>Recovery</b></p>		
<p>Strengthen user involvement and influence in the design and delivery of services across the Alcohol and Drugs Partnership, through a peer research approach</p>	<p>East Renfrewshire HSCP (Recovery Services)</p>	<p>The East Renfrewshire programme has been progressing well, with a contract in place with Figure 8 Consultancy to develop and run the programme. Six peer researchers with a range of lived experience were recruited for the first round of training, including individuals with experience through their family member's alcohol or drug harm, those who have been engaged with services locally and peer researchers from out with East Renfrewshire, who provided a valuable mentoring role within the programme as well as supporting the research. The first study focused on service user experience of the provision of Opiate Substitution Treatment and 14 in-depth qualitative interviews were conducted with service users. The report is now influencing improvements to Community Addictions Services. A further four volunteers have joined the peer research group and a second study – Community Needs Assessment – is now at design stage.</p>
<p>Enhance skills and knowledge in trauma aware and trauma informed practice across the Alcohol and Drug Partnership</p>	<p>East Renfrewshire HSCP</p>	<p>Consideration of trauma informed practice development within the team will be considered as part of Medication Assisted Treatment implementation over the next 6-12 months.</p>
<p>Increase the distribution of Naloxone to drug users and their family members, carers and friends, to prevent drug overdose and deaths</p>	<p>East Renfrewshire HSCP (Community Addictions Service)</p>	<p>86 kits have been issued this past year. Prescriptions are issued to current caseload and kept up to date with replacements being issued when out of date.</p>

<p>Joint work with Penumbra, Community Addictions Service and community-based recovery groups to develop sustainable recovery approach, including peer support and sustainable group approaches, fit for purpose in the post-Covid-19 community, across HSCP, third and community sectors</p>	<p>East Renfrewshire HSCP Penumbra Recovery community/lived experience groups</p>	<p>The peer support service is now well established and the Year 1 evaluation was extremely positive. As at May 2022, 38 people are being supported by the service, while 23 people await support. 11 people have received peer support and moved on from the service, having completed the recovery goals they had set. A 0.4FTE vacancy has recently been recruited, helping to reduce the number of people waiting. A programme of group support has just been launched and initial feedback is positive, with people enjoying the opportunity to meet others with similar experiences.</p> <p>The service uses the iRoc (individual recovery outcomes counter) tool to measure individual's progress. Repeat iRocs carried out in the first half of 2021 show progress in key factors such as Mental Health and Life Skills,</p> <p>PARTNER recovery group re-established in person meetings within community premises (Barrhead Foundry) in February 2022, supported by the Alcohol and Drugs Partnership. The group has a stable membership of 12, and new members have been supported to attend the group through the links with the Community Addictions Service. PARTNER have also made strong links with the peer research group and are working with Scottish Recovery Consortium on a development plan.</p>
<p>Maximise participation in services through: addressing digital poverty and assertive outreach work to engage with the hardest to reach individuals at risk of overdose/relapse to encourage retention in treatment</p>	<p>East Renfrewshire HSCP</p>	<p>Penumbra have been appointed to deliver the peer navigators test of change and have successfully recruited a support manager and one of the peer navigator and continue to recruit for the remaining peer role. Two service design group meetings have been held and lived experience engagement informed the peer role descriptions. Initial pathways to peer navigator service are currently being developed and it is hoped the services will be operational by the summer.</p> <p>More than 30 devices and internet connection packages issued to alcohol and drugs service users through Scottish Government Connecting Scotland programme. Devices have supported people in recovery through ability to access online recovery groups, use online tutorials in music and creative activities and keep in touch with the service, family and friends.</p>

<p>ADP representatives will participate in the Local Employability Partnership groups and work closely with all employability partners to ensure that access to employment and vocational training opportunities form an integral part of the overall recovery approach.</p>	<p>East Renfrewshire Council East Renfrewshire HSCP Penumbra RCA Trust</p>	<p>Continued partnership working via the Local Employability Partnership. Work EastRen, the Council's employability service, will continue to offer person-centred employability support via our Health Barriers programme and other targeted support including the Long Term Unemployed job creation programme.</p> <p>A number of posts have been created within the ADP area through commissioned services that have lived experience within the criteria which provides employment opportunities locally as well as increasing the influence of lived experience within service delivery.</p>
<p>Redesign the delivery of Opiate Substitution Therapy (OST) – to, encourage ownership of treatment and recovery, promote independence, reduce stigma and encourage increased engagement in psycho-social interventions</p>	<p>East Renfrewshire HSCP (Community Addictions Service)</p>	<p>The first peer research study on experiences of Opiate Substitution Treatment has been completed and the Community Addictions Service have been proactive in taking forward improvements, in particular, implementation of the Medication Assisted Treatment Standards. A new Standard Operating Procedure has been implemented, ensuring opiate referrals are identified on receipt, and fast tracked to assessment, with medication starting, where possible, on the same day of presentation. Website information has been updated for MAT provision and service user leaflets promoting MAT have been updated and will be circulated widely to encourage uptake of services. Processes to capture data and monitor implementation have been developed. Recruitment is underway to increase capacity of the team to deliver the Standards, in particular to increase prescribing provision to 5 days per week. The Buprenorphine clinic continues to operate and the number of people on the treatment (a long acting injectable buprenorphine) has increased from 14 in the pilot stage to 23.</p>
<p>ADP representatives will work with Housing to develop a clear understanding of the particular requirements of individuals with harmful alcohol / drug use in need of housing</p>	<p>East Renfrewshire Housing</p>	<p>Naloxone training has been provided to key housing / homelessness staff.</p> <p>RCA Trust are currently working with 60 individuals to support them within their housing/tenancies, including support such as tenancy sustainment, budgeting, liaising with other local services including St Andrew's House, Money Advice and Rights Team, Social Work and Housing.</p> <p>Case Study Example: M is a 40 year old woman who a history of alcohol and drugs use, a history of homelessness and family and relationship difficulties. M moved into one of our supported accommodation flats to gain extra support from our service. She was in the programme for 18 months during which she remained abstinent, reengaged with her family and made good progress across all areas of her life. She has recently moved into her own tenancy and is flourishing in her own flat.</p>

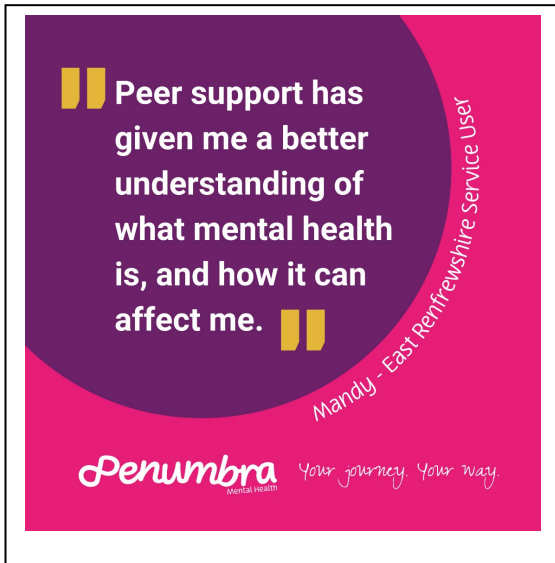
Whole Family Approach		
Strengthen links between alcohol and drugs services and children and families, including exploring further the impact of Covid-19 and lockdown on children and families and the initial assessments citing parental alcohol and drug use	East Renfrewshire HSCP (Community Addictions Service and Social Work)	<p>Some early engagement work has been carried out with families including:</p> <ul style="list-style-type: none"> <li>- Care experienced young people</li> <li>- Families supported by social work (mums and dads)</li> <li>- Adult family members with long experiences of family member substance use</li> </ul> <p>A partner working group will be formed in the summer to take forward findings, continue to engage with lived experience, strengthen existing services and development investment proposals for new services and supports for families.</p> <p>The addictions team social worker is strengthening links between the addictions team and children and families provided some specific person-centred supports to young people who are experiencing alcohol and drug harms</p>
Increase awareness of the family support service within the community addictions service, for self-referrals and referrals from other local services	East Renfrewshire HSCP	<p>A new community recovery team coordinator (also covering family support) is now in post and addiction support worker vacancies are in the process of been filled which would then bring the team to full capacity. Work to raise awareness and increase uptake will be undertaken over the coming months and link in with the wider partnership work to implement the whole family support framework.</p> <p>Family support will be introduced at the earliest point from referral and revisited throughout the recovery journey of individuals. There is also work underway to incorporate family involvement within an individuals Recovery Care Plan.</p> <p>Publicity information including website will be reviewed and updated.</p>
Develop strong, consistent practice in Signs of Safety approach to child protection across alcohol and drugs services and the wider Alcohol and Drugs Partnership	East Renfrewshire HSCP	There are strong, existing arrangements in place, however this will be expanded upon as part of the Drugs Mission family support development work.

Public Health Approach to Justice		
Development of a women's justice service to ensure the specific needs of women are met through a range of services from partner agencies such as housing. Development of a women's justice service to ensure the specific needs of women are met through a range of services from partner agencies such as housing.	East Renfrewshire HSCP	The Justice Service continues to support women who are convicted of offences and have been sentenced to Community Based disposals by the courts. The service also works closely with the Scottish Prison Service (SPS) in respect of women who are in custody and due for release on Voluntary or Statutory Throughcare.  The range of supports made available include: help with finance/welfare benefits, Housing needs, accessing Addiction services, Health, Leisure Services and assisting in the resettlement of women in the community following release from custody. The service now has 2 support workers who have a clear role in supporting women subject to Statutory supervision, voluntary after care, Structured Deferred Sentence and Diversion. There are strong links with Adult services, Housing and Addictions as well as Voluntary Sector and Third Sector agencies who often assist in providing placement opportunities for women who are completing Unpaid Work hours as a requirement of their Community Payback Order.
Health needs assessment of individuals involved with community justice, recognising individuals involved with criminal justice have distinct health characteristics related to trauma, resulting from physical and sexual abuse, mental health, drug and alcohol use and history of broken relationships with statutory health care providers such as GPs	East Renfrewshire HSCP	This has not been progressed at the time of preparing the report due to the impact of COVID. However this initiative is about to get underway.
Mentors in violence programme – a preventative approach to reducing violence	East Renfrewshire HSCP	The Mentors in Violence Prevention (MVP) programme has been established in four of the seven East Renfrewshire secondary schools, following training for school staff and partners (inc. Police, Community Learning and Development, Social Work, Women's Aid) in May 2021. The other three secondary schools will be trained in May 2022. It is too early to measure impact of the programme in schools, as Covid restrictions have delayed implementation so the focus has been on training pupil mentors in school.
Work with Police Scotland on the delivery of the Greater Glasgow Division Drugs Strategy actions specific to East Renfrewshire across all strands of the Alcohol and Drugs Plan including early intervention and prevention and the public health approach to justice	Police Scotland	Bespoke SAMH training package funded by the Alcohol and Drugs Partnership for police response officers and two of three sessions have now taken place. The training covers a broad range of mental health issues, tackles prejudices and promotes early identification of members of community who have dependencies and mental health issues. This approach promotes Vulnerable Person's Database route to local support services via the concern hub. The training will provide Mental Health Champions on all our response / community policing shifts. MH Champions will be able to promote access to ERC Peer Navigators (currently being recruited). All campus officers and community officers in East Renfrewshire received NES (NHS) Trauma informed

		<p>training during 2021 – which again tackles prejudices. East Renfrewshire is the only sub division in Greater Glasgow to do so and this is being seen as best practice;</p> <p>Promotion of access to GORT services – briefing slides to all East Ren officers and request made piece to camera inputs so we can raise awareness further across all shifts;</p> <p>Naloxone Test of Change – all officers in East Ren will in due course be trained to carry Naloxone in line with national rollout programme which is being planned (within the next 18 months)</p> <p>Custody Peer Mentors in G Division Custody Suites are also support route in to support services in East Renfrewshire and will also build links with the peer navigators.</p>
<b>ADP Commitments</b>		
Involving individuals with lived experience to ensure that services are person-centred, supportive and inclusive	East Renfrewshire HSCP	<p>Four interested and committed volunteers have come forward for the Panel and have been working with The Advocacy Project on where they would like to see changes in services, what their role as a Panel may look like. They have attended a Community Addictions Services team meeting, met with the Lead Planner for Recovery Services to discuss priorities and have engaged with the local peer research group. An introductory meeting with the Chair of the ADP has identified some initial support arrangements for the Panel to develop its role. There is a development plan in place for the group to ensure they are supported to design/develop their role within the Alcohol and Drugs Partnership structure. The role of the Panel is critical in how the ADP operates in future.</p>
Ongoing evaluation of emerging evidence about alcohol and drugs, including the ongoing impact of Covid-19 (on overall wellbeing, inequalities, and alcohol and drug trends) to ensure that actions remain relevant and impactful. (Tracy)	East Renfrewshire HSCP	<p>This is an ongoing area of work. The ADP support team, working with key services, have undertaken review drug related deaths to inform prevention work, national statistics on drug related deaths and alcohol specific deaths, Covid surveillance reports published by Public Health Scotland, as well as the information gathered through working with lived experience groups.</p>

## Section 3: Case Studies

<b>Name of Case Study Project</b>	High School – Targeted Group Work sessions
<b>Service Area</b>	Community Learning and Development
<p>Description of event/project:</p> <p>The service is currently delivering targeted group work sessions in Williamwood High School to groups of pupils in S3 and S4. Group members have been identified by their head of year and or behaviour support teachers as being at risk due to their behaviour in school and in the community. CLD staff have designed and developed a 7 - 12 week programme (flexible to suit the needs of the school and the young people) based on areas of concern/issues that staff have identified during detached youth work as the basis for the programme content. As with all CLD programmes content and delivery style is flexible and young people are encouraged to share views, opinions and engage in discussion.</p> <p>The CLD worker who delivers the programme uses the first session to identify the priority of certain topics based on group conversations e.g. the S4 young people spoke about cannabis a lot therefore the focus of the first session looked at harms, effects, legalisation etc. One group spoke about smoking and vaping so the first session focused on this.</p> <p>From <b>Jan – March 2022 47 young people</b> will participate in early intervention/prevention programmes in school.</p>	
<p><b>Feedback from the first group participants</b></p> <ul style="list-style-type: none"> <li>• “Been good to ask questions that I would defo not ask my teachers”</li> <li>• “Had no idea that some drugs could do these things to me”</li> <li>• “This stuff is actually quite interesting”</li> <li>• “Loved the beer goggle challenge”</li> <li>• “STI’s are horrible I’m never getting one”</li> </ul> <p><b>Head of year feedback</b></p> <ul style="list-style-type: none"> <li>• “Impressed by the class attendance and promptness of pupils as they are prone to skipping class or turning up late but have been on time to all these sessions.</li> </ul> <p>Staff also report that they young people have expressed to them their interest and enjoyment of the programme content.</p>	



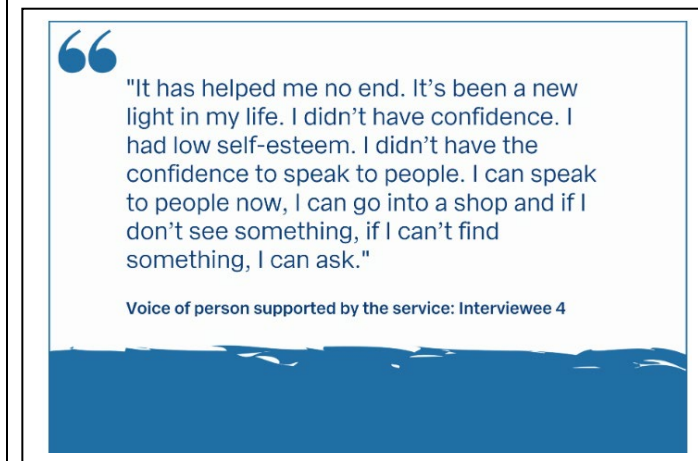
<b>Name of Case Study Project</b>	East Renfrewshire Peer Support Service
<b>Service Area</b>	Penumbra and East Renfrewshire HSCP

East Renfrewshire Health and Social Care Partnership (HSCP) is committed to embedding peer support for recovery within statutory services - for individuals with harmful alcohol and / or drug use, and individuals with mental health issues. The HSCP wishes to achieve positive outcomes for people in recovery by exploring the extent and potential for people with lived experience to work alongside people in recovery and those with clinical experience.

The HSCP commissioned Penumbra to develop and deliver the Peer Support Service in East Renfrewshire. This was the first service in East Renfrewshire operating jointly across alcohol and drugs and mental health, recognising that peer support for recovery has the potential to be effective in both settings. The East Renfrewshire Peer Service was launched in September 2020 and is delivered by a recovery team that includes an area manager, a recovery practitioner, and two whole time equivalent peer workers who work with mental health and addiction teams.

A peer support champions group including Penumbra team staff, a champion from each referring service (community addictions team, adult mental health team, RCA Trust and RAMH) meets regularly. The focus of the champions group is to help embed peer support within services through enabling peer worker participation in team meetings and multi-disciplinary team meetings, promoting the service and ensuring referrals are considered and appropriate.

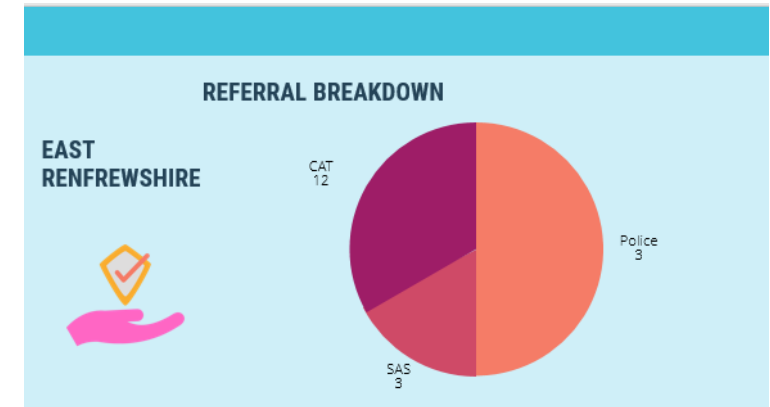
Penumbra have recently launched a group work programme. This will help to ensure more people receive support, giving people the option of 1-1 support, group or both. Group themes include anxiety management, sleeping well, walk and talk, mindfulness, and exploring creative activities such as painting and photography. The outcomes of the group programme will inform further activity. Qualitative feedback from supported people continues to be positive.



HSCP and Penumbra continue to work closely in developing the services, prioritising in particular, maximising the capacity of the service and ensuring wait times are low, ensuring that peer support is considered widely within teams (mindful particularly of a lower proportion of men referred to the service) and continuing to ensure peer support is viewed as an integral part of service supports in mental health and alcohol and drugs services.



<b>Name of Case Study Project</b>	New alcohol and drug service developments
<b>Service Area</b>	Overdose Response Team
<p>Many developments have taken place in national policy and direction since the Strategy was launched and this has already resulted in the transformation of services available at local level in East Renfrewshire.</p> <p>Turning Point Scotland, having secured funding from the Drugs Death Task Force, approached East Renfrewshire to deliver an Overdose Response Service, also covering Renfrewshire and Inverclyde areas.</p> <p>Rapid response to non-fatal overdoses, providing a short, focused period of support to each person, assertively engaging the individual with mainstream services. GGCORT is specifically developed around MAT 3, 4, and 5 This is an assertive outreach service, providing a 24-48 hour response 7 days per week. Referral pathways have been developed with Police Scotland, Scottish Ambulance Service and local alcohol and drugs and other services, as well as self-referrals.</p> <p>The service works closely in partnership with Community Addictions Teams, care managers and prescribers to support people into Medications Assisted Treatment services. Information about MAT is offered at the first appointment with support to arrange appointments on the same day or within the same week, and 4 week follow ups. Interventions take a harm reduction approach including:</p> <ul style="list-style-type: none"> <li>• Overdose awareness (with individuals and any family members of friends present)</li> <li>• Naloxone training and supply</li> <li>• Injecting equipment provisions</li> <li>• Safe injecting</li> <li>• Safe sex advice and condoms provision</li> </ul> <p>From 15 September to 20 May, in East Renfrewshire:</p> <ul style="list-style-type: none"> <li>• 18 referrals received, with 80% responded to within 24 hours</li> <li>• 63 Naloxone kits given with training</li> </ul> <p>Partners will continue to work together on this exciting service development and enhance the connections with other services in the areas, particularly the peer navigators test of change, which is a natural follow on support from the overdose response interventions.</p>	



## Section 4: Upcoming developments

Over the coming months, a number of new developments will progress and will be featured in the next report, including:

WAND Harm Reduction Outreach Initiative – Turning Point Scotland were recently successful in a bid to the Drugs Mission fund for this initiative which will deliver across parts of Glasgow City, East Dunbartonshire and East Renfrewshire. The Alcohol and Drugs Partnership supported the bid and the WAND approach will support the ADP to deliver on the MAT Standards, in particular Standard 4 on harm reduction provision. The initiative will provide an alternative way for individuals to access services, advice and information. ADP Partners will work closely with Turning Point to guide and support the implementation of the approach, including advising on locations, promotion and awareness raising across both communities and local services and tackling stigma.

Peer navigators – this service will get underway in the coming weeks and begin to report on engagement, impact and learning that will inform the test of change.

Peer Naloxone Champion – this new post has been created through the No One Left Behind employability fund and employed by RCA Trust. Plans include community outreach events to promote Naloxone, encourage take-up of kits and training, and engaging with a wide range of frontline services to educate and raise awareness and encourage carrying of Naloxone where appropriate.

Further development of the recovery community, in partnership with local lived experience groups, including the peer researchers and Lived Experience Panel