
To: Renfrewshire Integration Joint Board

On: 26 January 2018

Report by: Chief Officer

Subject: Renfrewshire Alcohol & Drug Partnership (ADP) Annual Report 2016/17

1. Summary

1.1 Renfrewshire Alcohol and Drug Partnership (ADP) has key responsibility for implementing the National Policy Framework and driving forward local action to reduce the impact of alcohol and drugs.

1.2 In accordance with governance and accountability arrangements all ADPs in Scotland are expected to produce an Annual Report and submit to Scottish Government. To ensure consistency the Scottish Government has developed a standard template to aid this process. It was designed to allow consistent reporting on how ADPs are meeting national and local priorities.

1.3 The Report (Appendix 1) details work undertaken by the ADP in relation to meeting national and local priorities and provides details of the financial framework. A self-assessment is also carried out which is aligned to the ADP Delivery Plan which details progress made towards the following seven national outcomes ensuring that:

- People are healthier and experience fewer risks as a result of alcohol and drug use;
- Fewer adults and children are drinking or using drugs at levels or patterns that are damaging to themselves or others;
- Individuals are improving their health, well-being and life chances by recovering from problematic drug and alcohol use;
- Children and family members of people misusing alcohol and drugs are safe, well-supported and have improved life chances;
- Communities and individuals live their lives safe from alcohol and drug related offending and anti-social behaviour;
- People live in positive, health promoting local environments where alcohol and drugs are less readily available;
- Alcohol and drugs prevention, treatment and support services are high quality, continually improving, efficient, evidence based and responsive, ensuring people move through treatment into sustained recovery.

2. Recommendations

It is recommended that the IJB:

- Note the contents of this report.

3. Background

3.1 The ADP is tasked with the implementation and delivery of the Scottish Government's Strategic Framework. 'Changing Scotland's Relationship with Alcohol: A Framework for Action (March 2008)' was developed to address the harm alcohol can have on communities, families, public services, the wider economy and individual's health. The Strategy advocates for a whole population approach targeting four key areas and a number of actions to reduce consumption; supporting families and communities, promoting positive attitudes and positive choices and improved treatment and support services. The 'Road to Recovery (2008)' set out a new strategic direction for Scotland to tackle problem drug use, based on treatment services promoting recovery. The Strategy set out Scotland's key aims in tackling drug misuse and the action required to address the following four themes:

- Preventing Drug Use
- Promoting Recovery
- Law Enforcement
- Children Affected by Parental Alcohol and Drug Use

3.2 The ADP Delivery Plan (2015/18) sets out how they will achieve their vision by identifying core and local outcomes which will be achieved over the three year period. Key priority actions have also been identified together with our Performance Framework aligned to the seven national outcomes.

ADP Annual Report 2016/17

3.3 The ADP Annual Report sets out the Financial Framework which is used to deliver our local and national outcomes ranging from prevention and early intervention initiatives to treatment and support services which are recovery and outcome focused. The Report also reflects on progress achieved against the Ministerial priorities, outlining improvement goals. Additional information has also been provided which provides an assessment of progress around specific areas including local governance arrangements, workforce development, drug and alcohol related deaths and recovery orientated systems of care.

Key areas of progress include:-

- **Compliance with drug and alcohol treatment waiting times standard** – Renfrewshire ADP has continually exceeded the local improvement target of 91.5% and shows that the majority of individuals wait no more than three weeks from referral to treatment.
- **Increasing the reach and coverage of the national naloxone programme for people at risk of opiate overdose, including those on release from prison** – Renfrewshire ADP continually monitors activity and ensures that naloxone is offered to individuals who are attending for assessment. Regular campaigns also take place to target individuals who may have previously turned down Naloxone in the past. New legislation means that family members/friends can also be supplied with Naloxone kits at the

time of training. Percentage coverage has been achieved based on accumulative total (from April 2011 32% problem drug users have received training and given a supply of Naloxone).

- **Tackling drug related deaths** – Renfrewshire ADP has updated the drug deaths action plan which outlines key priorities for preventing deaths. Key areas include investigating all drug related deaths and trends and reviewing (any) areas for intervention. Recent data shows that there were 42 drug related deaths in Renfrewshire in 2016. Comparison of 5 year average figures between 2006 and 2016 indicates a small rise from 22 to 26 cases (18.2% rise)
- **Implementing improvement methodology including implementation of the Quality Principles: Standard Expectations of Care and Support in Drug and Alcohol Services** – The Quality Principles continues to be implemented and part of this review has included a review of the client satisfaction survey. Questionnaires have also been developed to capture the views of staff and wider key stakeholders with findings reported to the ADP Delivery Group. A Service and Strategic Quality Improvement Plan has also been developed as part of the self-evaluation process recently undertaken by the ADP.
- **Recovery Orientated Systems of Care** – the ADP continues to ensure that recovery orientated systems of care are in place which is evidenced by the results of the STAR Outcome Tool and the findings of questionnaires as part of the Quality Improvement Action Plan. The ADP provided funding for a Peer Support Project which involved training a cohort of individuals with lived experience and supporting them to access training and paid work placements within Renfrewshire Health and Social Care Partnership.
- **Applying a whole population approach** – Renfrewshire ADP has a clear structure in place to support this key priority. The SPEAR Group was set up to facilitate a strategic cohesive and planned approach to prevention and education. As a result a number of initiatives have taken place including Brighter Renfrewshire Alcohol Awareness Week (BRAW) which was delivered in partnership with the local community and seeks to raise awareness around the new alcohol guidelines and promote other key messages. Performance in the delivery of Alcohol Brief Interventions is 32% below target within Primary Care but delivery in wider settings has improved performance overall. A number of agreed actions will continue to take place to improve performance.
- **A proactive and planned response to the needs of prisoners affected by problem alcohol and drug use and their associated through care arrangements, including women** – a number of initiatives and projects are now in place including the Women's Community Justice Centre and a bail supervision service for women. Within HMP Low Moss there are a number of offender behaviour programmes which targets alcohol and drug use linked to offending including intervention programmes for short term offenders, the provision of naloxone and New Psychoactive Substances (NPS) awareness sessions.

- 3.5 The ADP Annual Report was developed in partnership with Renfrewshire Health and Social Care Partnership, Renfrewshire Council, Police Scotland, Scottish Fire and Rescue, Scottish Prison Service and the third sector.
- 3.6 The Report was approved at the last meeting of the ADP held in November 2017.

Author:

- Donna Reid, Lead Officer, Renfrewshire ADP
- ADP Chair: David Leese

**APPENDIX 1:
STANDARD REPORTING TEMPLATE - (GREATER GLASGOW AND CLYDE) ADP ANNUAL REPORT 2016-17**

Document Details:

ADP Reporting Requirements 2016-17

1. Financial Framework
2. Ministerial Priorities
3. Additional Information

The Scottish Government copy should be sent by 23 October 2017 for the attention of Amanda Adams to:

Alcoholanddrugdelivery@gov.scot

August 2017

1. FINANCIAL FRAMEWORK -- 2016-17

Your report should identify all sources of income that the ADP has received (via your local NHS Board and, where relevant, Integration Joint Board), alongside the monies 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 other expenditure on alcohol and drug prevention, treatment and support, or recovery services which each ADP partner has provided a contribution towards. You should also highlight any underspend and proposals on future use of any such monies.

Total Income from all sources

Income	Substance Misuse (Alcohol and Drugs)
Earmarked funding from Scottish Government	£1,869,086
Funding from Local Authority	£ 971,869
Funding from NHS (excluding funding earmarked from Scottish Government)	£ 791,031
Funding from other sources	
Total	£3,631,986

Total Expenditure from sources

	Substance Misuse (Alcohol and Drugs)
Prevention (include community focussed, early years, educational inputs/media, young people, licensing objectives, ABIs)	£365,789
Treatment & Support Services (include interventions focussed around treatment for alcohol and drug dependence)	£2,637,231
Recovery	£628,966
Dealing with consequences of problem alcohol and drug use in ADP locality	
Total	£3,631,986

2016-17 End Year Balance for Scottish Government earmarked allocations

	Income £	Expenditure £	End Year Balance £
Substance Misuse	£3,631,986	£3,631,986	

2016-17 Total Underspend from all sources

Underspend £	Proposals for future use

Support in kind

Provider	Description

2. MINISTERIAL PRIORITIES

ADP funding allocation letters 2016-17 outlined a range of Ministerial priorities and asks ADPs to describe in this ADP Report their local Improvement goals and measures for delivering these during 2016-17. Please outline these below.

PRIORITY	*IMPROVEMENT GOAL 2016-17	DELIVERY MEASURES	ADDITIONAL INFORMATION
1. Compliance with the Drug and Alcohol Treatment Waiting Times LDP Standard, including, increasing the level of fully identifiable records submitted to the Drug and Alcohol Treatment Waiting Times Database (DATWTD)	90% of clients will wait no longer than 3 weeks from referral received to appropriate drug or alcohol treatment that supports their recovery (91.5% local improvement goal) - No one will wait longer than 6 weeks to receive appropriate treatment 100% data compliance is expected from services delivering tier 3 and 4 drug and alcohol treatment in Scotland	- Renfrewshire ADP has continually exceeded the local improvement target to ensure all individuals wait no longer than three weeks from referral to receiving treatment. - Monitoring/training is carried out on a regular basis to ensure quality of data is maintained. Performance is highlighted with team leads on an ongoing basis. - Work will continue to ensure that the level of anonymous data collected continues to reduce. - All services are compliant.	
2. Compliance with the LDP Standard for delivering Alcohol Brief Interventions (ABIs)	Performance in 2016/17: Actual 761 ABIs delivered which is 32% below target of 1116	- All HSCP areas across GGC have again fallen considerably short of the primary care target for ABI. This is being attributed to the removal of QOF which means that GP practices have a significantly reduced requirement for reporting data – including that of ABI previously associated with the LES. - Work has taken place to enhance delivery in various settings going forward. These settings are as follows:	

August 2017

		• Older Adults: following the recent screening and ABI pilot within Older Adults Community Mental Teams delivery will continue with all new patients – recording systems are in place. • Police Custody Suites: meeting arranged to discuss the potential of ABI delivery in Police Custody Suites. • Department of Work and Pensions (DWP): ABI delivery will be taken forward with DWP staff - training will take place in November • Strathclyde Fire & Rescue – Staff have received ABI training and process will be agreed to collect data for collation.	
3. Increasing Data Compliance Scottish Drugs Misuse Database (SDMD) both SMR25 A and B.	SMR 25a – 85% by March 2018 SMR 25b – 13.2% by March 2018	• Renfrewshire ADP continues to monitor completion as part of the Performance Framework. • Performance is highlighted with the Team Leads on a regular basis to ensure compliance.	
4. Preparing Local Systems to Comply with the new Drug & Alcohol Information System (DAISy)	• All drug and alcohol services will have implemented DAISy • Process agreed and action plan developed	• Team Leaders within all drug and alcohol services in Renfrewshire are kept informed of all new developments pertaining to the implementation of DAISy. ADP Support Staff along with other local representatives attend the National Working Group to support implementation. • Local Implementation Group has been set up with representatives from alcohol and drug services. The work of the Group will be informed by the DAISy Implementation Plan. • Super-users have been identified for	

5. Increasing the reach and coverage of the national naloxone programme for people at risk of opiate overdose, including those on release from prison.	Recommended minimum coverage has been increased to 30% of problem drug using population by March 2017	training. • ROW Training has been delivered. • Naloxone continues to be offered to all individuals who attend for assessment; • Refresher training is offered and expiry date is checked; • A second supply is offered and training is provided for family members to administer; • Continuation of local Naloxone campaigns; • Prison throughcare arrangements in place • Drug services began the supply of naloxone via prescription from September 2016 to individuals attending clinic settings. Out with a clinic setting, individuals at risk of opioid overdose, family members/friends, individuals likely to witness an opioid overdose and services working with individuals at risk of opioid overdose are still supplied with physical naloxone kits at the time of training.	Percentage coverage achieved based on accumulative total (Apr 11 – Mar 17) 32%
6. Tackling drug related deaths (DRD)/risks in your local ADP area.		Renfrewshire ADP has a drug deaths action plan in place which outlines key priorities for preventing drug related deaths. After a process of review the following priorities were added to the Action Plan: <u>Investigating drug related deaths & trends</u> Circumstances surrounding all drug related deaths in Renfrewshire will continue to be reviewed by the drug death action group. In addition, through NHS governance, the circumstances of deaths of current or recent service users of local addiction services are examined to look for areas where interventions	

		offered could be enhanced. Renfrewshire ADP has contributed to Scottish Drugs Forum “Staying Alive in Scotland” document and will work towards meeting the actions outlined in the best practice guide. <u>Care and Treatment</u> A respiratory nurse specialist will develop a care pathway into acute services to improve respiratory health in drug users; Specialist nurse accepts referrals from housing support and offers a targeted response to individuals in temporary accommodation and will support access to other relevant services The Intake Team will continue to act as the first point of contact during initial contact with services. The service will continue to case manage the service user until stable, and then referred on to generic team for maintenance. Frequency of interventions is based on need, with daily contact available if required. Clients will be seen twice a week, but the team will respond to crisis via duty as required Duty service will continue to be available which will also provide access for individuals in crisis as required. <u>Prescribing</u> The provision of Buprenorphine prescriptions	
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		will continue to be offered to clinically appropriate clients New clients, particularly those who are identified as injectors will continue to be prioritised and offered rapid start and titration of Opiate Substitute Therapy (OST). Rapid start OST involves access to OST within 1-3 working days from completion of initial assessment for high risk cases. <u>Harm Reduction Clinic</u> The Harm Reduction Clinic will continue to allow RDS staff to engage with service users and offers treatments such as injection site assessment and treatment as appropriate. The clinic will continue to provide harm reduction education and needle exchange and offer a more intense service for IV users or those involved in illicit drug use. Overdose awareness campaigns are carried out in Renfrewshire Drug Service to increase Naloxone provision at high risk. These targeted campaigns are implemented throughout year. Development of a Fixed site needle exchange lead by the Harm Reduction Service;	
7. Implementing improvement methodology including implementation of the <i>Quality</i>	Implementation of quality principles in all drug and alcohol services including monitoring processes agreed – 100%	The implementation of the Quality Principles: Standard Expectations of Care and Support in Alcohol and Drug Service is currently	

<i>Principles: Standard Expectations of Care and Support in Drug and Alcohol Services.</i>	of core services	underway. Part of this process has also included a review of the client satisfaction questionnaires which are now aligned to the Quality Principles. Questionnaires have also been developed to capture the views of staff and wider key stakeholders and findings reported to ADP Delivery Group. A Service and Strategic Quality Improvement Plan has also been developed as part of the self evaluation process recently undertaken by the ADP.	
8. Responding to the recommendations outlined in the 2013 independent expert group on opioid replacement therapies.		• The ADP continues to ensure that recovery oriented systems of care are in place and actions identified as a result of local reviews. • ORT prescribing guidelines have been reviewed and updated and disseminated to drug treatment services. • An Impact Assessment will be completed as a result of the new National Guidelines - Drug Misuse and Dependence: UK Guidelines on Clinical Management. • Services continue to sign-post individuals to Mutual Aid Groups. • The Addictions pharmacy team contributed to the development of a national service specification of standards of pharmaceutical care for ORT patients endorsed by the Directors of Pharmacy. This has been implemented locally and community pharmacies are monitored and supported by the Addictions pharmacy team.	

		• The Responsible Officer for ORT in NHS GG&C associated ADPs is the Associate Medical Director (AMD) for NHS GG&C Addiction Services. The AMD was co chair of the board wide Alcohol and Drug Clinical Services Review (CSR), which included a review of ORT in NHS GG&C. The review was driven by priorities including addressing unmet need, reducing variations in standards of practice and increasing the recovery orientation of services. The review of ORT in NHS GG&C was also informed by the Independent Expert Review of ORT in Scotland (as well as other key documents). The CSR is now in an implementation phase. The CSR group is now a Greater Glasgow & Clyde wide Alcohol and Drug Planning Group with an agenda focussed on implementation of CSR recommendations. • The board wide Substitute Prescribing Management Group (SPMG) is chaired by an addiction consultant psychiatrist. This multi-disciplinary group includes representation from contracted services (GPs and pharmacists) and all ADP areas. The group monitors ORT prescribing within the board, reported at ADP level, and co-ordinates development of best practice advice and guidelines for prescribing and dispensing. Currently, the group is updating the GG&C Prescribing Guidelines in relation to ORT and benzodiazepines. The guideline document on "Standards for	
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		Supervision in Community Pharmacies” has been updated to reflect current best practice in prescribing and dispensing. The pharmacy team monitors all aspects of ORT dispensing in liaison with the Controlled Drug governance team. The group reports to the Governance Group, chaired by the AMD. • The NHS GG&C RO and the Lead Pharmacist, Addictions were members of the Independent Expert Review of ORT. The NHS GG&C RO is Vice-Chair, and the Lead Pharmacist a member of, the Harms subgroup of the Scottish Government’s Partnership Action on Drug Strategy (PADS) group. • The NetWork Service continues to encourage meaningful day and engagement by having a dedicated Individual Placement and Support Worker for Addictions. • The ADP recently provided funding for a Peer Support Project which involves training a cohort of individuals with lived experience and supporting them to access paid placements within Renfrewshire Health and Social Care Partnership and the voluntary sector.	
9. Ensuring a proactive and planned approach to responding to the needs of prisoners affected by problem drug and alcohol use and their associated through care arrangements, including women		Within HMP Low Moss there are a number of offender behaviour programmes/initiatives which target alcohol and drug use linked to offending:- • Short term prisoners – Within Low Moss all short term prisoner can refer to Short term Intervention programme (STIP) which	

		includes a substance misuse module This module examines behaviour and encourages individuals to apply coping strategies to deal with their alcohol use in the future; Alcohol Related Violence module where individuals are encouraged to review the impact alcohol has on themselves and others and how it relates to their violent behaviour. • Long term prisoners are referred to a substance misuse related offending behaviour programme which gives them the opportunity to explore their own behaviour and to make positive changes. • Addiction services. NHS provide this service to those who wish to engage and those currently on a methadone or subutex prescription • Naloxone training is provided to all admission into Low Moss and packs provided for liberation. Peer supporters are being trained to assist with this process. • NPS Awareness Sessions for all admissions and Harm Reduction sessions are offered to those who have recently been found to be under the influence • Smoking Cessation – As we move towards Smoke Free Prisons, we have trained more staff in the role of cessation facilitators so that we can offer more support and classes to those prisoners who wish to stop smoking • Through care provided by the Prisoner Support Pathways (in partnership with	
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		Turning Point Scotland). Collaborative working with Substance use services to support individuals to achieve successful and sustained community integration ultimately reducing reconviction rates for short term prisoners. • HMP Low Moss Substance Misuse Strategy. Our strategy is now embedded and we are currently in communication with SMART recovery and Counselling in Prisons Network to facilitate sessions within Low Moss. • Quality improvement processes in place which are regularly monitored	
10. Improving identification of, and preventative activities focused on, new psychoactive substances (NPS).	Prevalence data monitored NPS information delivered to all individuals who access drug awareness sessions.	Main areas of action within this key priority area are co-ordinated by the Greater Glasgow and Clyde (GGC) Drug Trend Monitoring Group. Key actions which have taken place include:- • Greater Glasgow and Clyde considered the learning from the research 'Understanding the patterns of use, motives, and harms of New Psychoactive Substances' along with other more local intelligence to form a picture of current drug trends in GGC. • Recommendations based on the above research and feedback from staff and services are being prepared for consideration by the GGC Addiction Planning group. These are themed into four key areas Training; Information and Communication; Engagement and Service	

		Delivery: Harm Reduction. • GGC Drug Trend Monitoring Group continues to monitor drug trends across GGC. Communication of any areas of concern is carried out through a series of networks across disciplines and services. • General drug training has been adapted to incorporate NPS. This recognises that NPS are drugs, used for their psychoactive effects and are rarely used in isolation. • GGC Drug Trend Monitoring group are actively involved in the establishment of a national Centre of Excellence which will facilitate testing of substances of concern, ensure information is disseminated to appropriate parties and co ordinate the development of informed harm reduction information.	
11. On-going Implementation of a Whole Population Approach for alcohol recognising harder to reach groups, supporting a focus on communities where deprivation is greatest.	Delivery of ongoing local campaigns, the provision of training	The ADP has a clear structure in place to support this area. The SPEAR Group was set up to facilitate a strategic cohesive and planned approach to prevention and education for both drugs and alcohol. In order to support delivery of this strategic priority area SPEAR has delivered a number of key actions:- • Alcohol and drugs information was made available to over 300 community members during community events; 161 to young people in and out with school; and a targeted community event in Ferguslie Park where over 300 people attended 'No Substitute for Life' • BRAW Campaign was delivered in partnership with the local community,	

		roadshows and within drug and alcohol services during the festive period. 170 staff from across Renfrewshire attended local Tier 1 & 2 Alcohol and Drug Awareness Training in 2016/17 as part of the supporting the workforce in their role in preventing alcohol and drug misuse. - Promoted health activities such as sport, hobbies and other such interest to divert young people becoming involved in alcohol and drugs – these events resulted in engagement with around 700 young people. - Licensing intern was recruited to support community members to become more involved in the licensing process.	
12. ADP Engagement in improvements to reduce alcohol related deaths.	Audit complete and findings presented to the ADP and wider partners. Action plan developed based on findings.	Alcohol related deaths audit – data analysis completed and presented to the ADP. Recommendations will inform Alcohol Related Deaths Action Plan. Revised timescale for completion November 2017.	

* SMART (*Specific, Measurable, Ambitious, Relevant, Time Bound*) measures where appropriate

3. ADDITIONAL INFORMATION 1 APRIL 2016 – 31 MARCH 2017

1	Please <u>bullet point</u> any local research that you have commissioned in the last year.	- Alcohol related deaths audit. - GP Local Enhanced Service – Review - Audit of frequent attendees at the local accident and emergency department
2		The establishment of Renfrewshire Health and Social Care Partnership (HSCP) in

August 2017

	What is the formal arrangement within your ADP for working with local partners to report on the delivery of local outcomes?	terms of the Public Bodies (Joint Working) (Scotland) 2014 has brought together adult social work services, including additions with the former Community Health Partnership services for both adults and children. In Renfrewshire, social work services for children and criminal justice has not transferred to the HSCP) but will remain within the Council and form part of the Children's Services directorate with education. The Community Planning Partnership has also been restructured and the work of the Community Care, Health and Well Being Thematic Board has been incorporated into the workplan of the HSCP Strategic Planning Group. From 1st April 2016 the ADP reports directly the Renfrewshire Integration Joint Board and will continue to have strong links with Renfrewshire Community Planning Partnership, the Chief Officer's Group for Public Protection, Member Officer's Group for Public Protection, Child Protection Committee, Adult Protection Committee and Community Justice Steering Group. The Chair of the ADP is also the Chief Officer for the Renfrewshire HSCP. The ADP Delivery Plan/Annual Reports and other relevant plans including performance are circulated via the new accountability route, as detailed above.
3	A person centered recovery focus has been incorporated into our approach to strategic commissioning. Please advise on the current status of your ROSC?	In place and enhancing further.
4	Is there an ADP Workforce Development Strategy in Place, if not, are there plans to develop? What additional supports have you leveraged to facilitate this and are you	• Workforce Strategy in place Yes (An ADP Workforce Development Strategy has been in place since 2013 and will be incorporated into the refresh of the ADP Strategy and aligned to Renfrewshire HSCP's Organisational Development and Workforce Strategy. The Strategy has supported staff to access training in order to increase staff skills to be able to continue to offer effective recovery based interventions. • Scottish Drugs Forum (SDF) conducted a Training Needs Analysis (TNA) as part of

	working with our NCOs?	the Workforce Development agenda. This took place with staff working in specialist addiction staff and other partners who contribute to Recovery Oriented Systems of Care. Recommendations will feed into the proposed Whole Systems Review which begins in November 2017.
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APPENDIX 1

Please provide any feedback you have on this reporting template.

The ADP continues to value the template which provides the opportunity to highlight activities carried out to meet local and national strategic priorities.