
To: Renfrewshire Integration Joint Board

On: 20 January 2017

Report by: Chief Officer

Subject: Renfrewshire Alcohol & Drug Partnership (ADP) Annual Report 2015/16

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

2.1 The Integration Joint Board are asked to 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 2015/16

3.3 As a result of a recent self assessment lead by the Care Inspectorate the template developed by the Scottish Government has been amended to avoid duplication. Therefore, the amount of information requested for this year was minimal.

3.4 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 98% 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 it down in the past. A pilot project to equip those accessing mental health inpatient services is also underway.

- **Tackling drug related deaths** – Renfrewshire ADP has a drug death 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 19 drug related deaths in Renfrewshire in 2015. This represents a 37% decrease compared with 2014 and is in contrast with many other areas of Scotland which experienced a 15% increase.
- **Renfrewshire ADP continues to deliver high quality services and deliver positive outcomes for individuals, their families and the wider community** – Renfrewshire ADP recently took part in a self assessment which measured performance in relation to the implementation of the Quality Principles within service delivery. The self assessment was lead by the Care Inspectorate who captured evidence aligned to each of the eight quality principles. Recent feed- back highlighted that Renfrewshire ADP has a significant number of areas of strength but noted that there were some areas for further improvement. The areas for improvement will be taken forward as part of Renfrewshire ADP's Quality Improvement Action Plan.
- **Recovery Orientated Systems of Care** – as a result of the review of the recovery landscape a number of initiatives have been take forward to enhance recovery in Renfrewshire. A recovery development worker has been recruited to co-ordinate key activity within this area; an Individual Placement and Support Worker specifically for addictions was recruited to support individuals to access training, volunteering and ultimately employment. The STAR Outcome Tool has been implemented to measure impact of service delivery and a variety of group work programmes continue to be offered to assist individuals to achieve their goals.
- **Applying a whole population approach** – Renfrewshire ADP has been working in partnership with local communities to raise awareness of alcohol. Brighter Renfrewshire Alcohol Awareness Week (BRAW) is now in its second year and aims to promote key messages specific to alcohol. A licensing intern has also been recruited to work in partnership with the community to be more involved in licensing processes.
- **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 the ADP held in October 2016.

Author:

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

STANDARD REPORTING TEMPLATE - RENFREWSHIRE ADP ANNUAL REPORT 2015-16

Document Details:

ADP Reporting Requirements 2015-16

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

The Scottish Government copy should be sent by 12 September 2016 for the attention of Amanda Adams to:

Alcoholanddrugdelivery@scotland.gsi.gov.uk

May 2016

1. FINANCIAL FRAMEWORK - 2015-16

Your Report should identify both the earmarked alcohol and the earmarked drug funding from Scottish Government which the ADP has received (via your local NHS Board) and spent in order to deliver your local plan. It would be helpful to identify any other expenditure on drugs and/or alcohol prevention, treatment/support services or recovery which each ADP partner has contributed from their core budgets to deliver the Plan. 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	£ 2,010,086
Funding from Local Authority	£ 1,340,226
Funding from NHS (excluding funding earmarked from Scottish Government)	£ 769,916
Funding from other sources	
Lloyds TSB Partnership Drugs Initiative (Addaction year one and Barnardos (final year)	£ 117,267
Barnardos	£21,267
Total	£ 4,258,762

Total Expenditure from sources

	Substance Misuse (Alcohol and Drugs)
Prevention (include community focussed, early years, educational inputs/media, young people, licensing objectives, ABIs)	£550,245
Treatment & Support Services (include interventions focussed around treatment for alcohol and drug dependence)	£2,611,196
Recovery	£972,237
Dealing with consequences of problem alcohol and drug use in ADP locality	
ADP Support Budget	£125,084
Total	£4,258,762

May 2016

2015-16 End Year Balance for Scottish Government earmarked allocations

	Income £	Expenditure £	End Year Balance £
Substance Misuse	£4,258,762	£4,258,762	0

2015-16 Total Underspend from all sources

Underspend £	Proposals for future use

Support in kind

Provider	Description

2. MINISTERIAL PRIORITIES

ADP funding allocation letters 2015-16 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 2015-16. Please outline these below.

PRIORITY	*IMPROVEMENT GOAL 2015-16	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.	Current performance: Jan-Mar: 98.2%
2. Compliance with the LDP Standard for delivering Alcohol Brief Interventions (ABIs)	Performance in 2015-16: 1036 ABIs delivered which is 7% below target of 1116.	- ABI practitioner appointed in July 2015 to focus on improved delivery within primary care and development of delivery in wider settings – post to continue until September 2016. Remit included: - Direct work with GP practices to encourage delivery and reporting - Direct delivery of ABI in GP practices and wider settings - Work with Various partners to embed ABI delivery into their practice.	ABI performance has moved from red to amber (within 10% of target) in the last financial year
3. Increasing Data Compliance SDMD: SMR25 A and B.	SMR 25a – 85% by March 2017 SMR 25b – 13.2% by March 2017	Renfrewshire ADP continues to monitor completion of SMR 25 A & B as part of the Performance Framework.	

		• Performance is highlighted with Team Leads on a regular basis.	
4. Preparing Local Systems to Comply with the new Drug & Alcohol Information System (DAISy)	• All drug and alcohol services will have implemented the DAISy System • 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 attend, along with other local representatives, the National Working Group to support implementation.	
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% (2017/18). Previously 25% which was exceeded in Renfrewshire.	• Naloxone will continue 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 naloxone campaigns to target individuals who may have been offered but turned down in the past. • Naloxone is provided through the Harm Reduction Service. • A pilot project to equip those accessing mental health inpatient services is also underway.	
6. Tackling drug related deaths (DRD)/risks in your local ADP.		Renfrewshire ADP has a drug deaths action plan which outlines key priorities for preventing drug related deaths. <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>Research</u> An MSc research study entitled, ‘Perceptions of Naloxone and overdose amongst Service Users attending Injecting Equipment Providers (IEPs) and Addiction Services in Renfrewshire, Scotland’ was conducted in 2015. Findings from the study will be disseminated and recommendations will be implemented where appropriate. The author will also seek to publish the findings in relevant journals. <u>Care and Treatment</u> 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, 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.	
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		<u>Prescribing</u> The provision of Buprenorphine prescriptions 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. <u>Vulnerable Women Service</u> This recently established service provides enhanced services for vulnerable women who are at risk of abuse, violence or exploitation. The service is run by a Psychologist and two	
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		workers and offers access to female medical staff and in-house sexual health services. The service will continue to link with Renfrewshire Rising, the local GBV service.	
7. Implementing improvement methodology including implementation of the <i>Quality Principles: Standard Expectations of Care and Support in Drug and Alcohol Services</i> .	Implementation of quality principles in all drug and alcohol services including monitoring processes agreed – 100% of core services.	• ADP Position Statement completed. • Case file audit completed. • Site visit with the Care Inspectorate carried out. • The development of the ADP Service Quality Improvement Plan underway. • Consider findings from	
8. Responding to the recommendations outlined in the independent expert group on opioid replacement therapies.	Actions from the Review of the Recovery Landscape completed	• Recovery Action Plan developed and all actions have been completed. • The ADP continues to ensure that recovery oriented systems of care are in place and actions identified as a result of local reviews/commissioned have been implemented. • An electronic template to aid the review of enhanced service drug misuse patients has been developed and is being tested with Greater Glasgow and Clyde, with a view to roll out to all practices. The aim of this template is to aid quality improvement through a structured clinical tool and audit information. • 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, which includes the implementation of recommendations in Glasgow city community addiction teams and GP shared care schemes. The RO is a member of the Implementation Board for this phase of service redesign. The CSR group is now a boardwide Alcohol and Drug Planning Group with an agenda focussed on implementation of CSR recommendations. • STAR Outcome Tool implemented to measure impact of service delivery. • The NetWork Service continues to encourage meaningful day and engagement by now having a dedicated Individual Placement and Support Worker for Addictions. • A variety of group work programmes continue to be offered to assist them in reaching their goals. • Housing First for individuals who are homeless and affected by mental health and/or addictions.	
9. Ensuring a proactive and planned approach to responding to the needs of prisoners affected	Reduction in the percentage of one year reconviction frequency rate Baseline: 49.7%; Actual: 43%; Year	• The Women's Community Justice Centre in Paisley was formally opened and became operational in order to provide	

by problem drug and alcohol use and their associated through care arrangements, including women	three target: 45%. (2023 – 15% reduction)	tailored support to women involved in the criminal justice system. The centre is primarily a redesign utilising existing criminal justice resources however obtains some additional funding from the Scottish Government Women Offenders Public and Shine, Women Offenders Public Social Partnership. This service is co-located with the Renfrewshire Drugs Service and Integrated Alcohol Team which is now in the process of being extended temporarily until the end of the financial year. • A bail supervision service for women commenced in March 2016 to reduce the number of women remanded in custody where there is no significant risk to public safety. The service is provided by SACRO and ensures that women are referred to and supported to attend appropriate services. • Referrals continue to be made the Turnaround residential unit for male offenders with chaotic lifestyles. • The Drug Treatment and Testing Order Service continues to be provided in Renfrewshire and is co-located with Renfrewshire Drug Service, Integrated Alcohol Team and wider criminal justice services. • Arrest Referral Scheme in place. • Roll-out of Throughcare Support Officers across Scotland, attached to individual prisons who would support engagement with addiction services.	
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		- Continued collaborative working with national mentors Shine and Wise Group with Shine staff co-located within the women's community justice service. - Lifeskills modules are run for men and women offenders on relevant topics like employment and education, health and constructive use of time. Partners agencies involved include Turning Point (Scotland), Women and Children First, RCA Trust, Venture Trust and Community Learning. This forms part of the other activity component of the Community Payback Order (CPOs), or is attended by those subject to Supervised Attendance Orders. - Unpaid work for service users are encouraged to attend relevant addictions services and this contributes to their other activity hours. 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 – there is an Intervention Programme and includes a substance misuse module which 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.	
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		• 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. • Naloxone training is provided to all admission into Low Moss and packs provided for liberation. • NPS Awareness Sessions for all admissions • Smoking Cessation • Through care provided by the Prisoner Support Pathways (in partnership with 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. • 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 is co-ordinated by the Greater Glasgow and Clyde (GGC) Drug Trend Monitoring Group. Key actions which have taken place include: • Greater Glasgow and Clyde took an active part in the national research study by facilitating access to target groups of both users and staff. The recommendations from the research will be considered and incorporated into an action plan which will be taken forward across GGC.	

			strong community voice may influence alcohol licensing processes in turn limiting the availability of alcohol across Renfrewshire.	
12. ADP Engagement in improvements to reduce alcohol related deaths.	Audit complete and findings presented to ADP and wider partners. Action plan developed based on findings. Revised timescale for completion – December 2016.		Audit currently underway to review all alcohol related deaths which occurred in 2012 (n=51). - All data has been collected from health, social work, police, criminal justice and the voluntary sector. - Data has been uploaded onto information system. - Currently agreeing process for analysis.	

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

3. ADDITIONAL INFORMATION 1 APRIL 2015 – 31 MARCH 2016

1	Please <u>bulet</u> point any local research that you have commissioned e.g. hidden populations, alcohol related deaths. (the actual research is not required)	- Alcohol Related Deaths audit - Cannabis Scoping - Training needs analysis to support workforce development - MSc Research Project – ‘Perceptions of Naloxone Use in Overdose Situations amongst Individuals Attending Injecting Equipment Providers (IEPs) and Drug Services in Renfrewshire’	
2	What is the formal arrangement within your ADP for reporting on your Annual Reports/ Delivery Plans/shared documents, through your local accountability route.	The establishment of Renfrewshire Health and Social Care Partnership (HSCP) in terms of the Public Bodies (Joint Working) (Scotland) 2014 has brought together adult social work services, including addictions 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. In recognition of the changes in the planning architecture in Renfrewshire the Chief Officer’s Group for Public Protection (COG) commissioned an independent review. This included a	

		review of the oversight arrangements for public protection including the design and strategic role of the COG and the focus of other strategic groups including Renfrewshire ADP. The review has been concluded within a number of recommendations which have resulted in a revised accountability route for the ADP. From 1st April 2016 the ADP will report directly through the Renfrewshire Integration Joint Board and will continue to have strong links with Renfrewshire Community Planning Partnership and the Chief Officer's Group for Public Protection. The ADP Delivery Plan/Annual Reports and other relevant plans will be circulated via the new accountability route as well as the Community Planning Partnership and the Chief Officer's Group for Public Protection.
3	A person centered recovery focus has been incorporated into our approach to strategic commissioning. Please advise if your ROSC is 'in place'; 'in development' or 'in place and enhancing further. (No additional information is required)	• In place and enhancing further
4	Is there an ADP Workforce Development Strategy in Place, if <u>no</u>, are there plans to develop?	• 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) has been commissioned to conduct a Training Needs Analysis (TNA) as part of the Workforce Development agenda. This has taken place with staff working in specialist addiction staff and other partners who contribute to the Recovery Oriented System of Care. Further work will continue to add to the data already obtained via focus groups, resulting in a report with recommendations.
5	A. Please indicate if your ADP has participated in the Drug Death Prevention work of the	A. A representative from Renfrewshire ADP participated in the development of SDF's Staying Alive in Scotland best practice guide. B. Renfrewshire ADP has a drug deaths action plan which outlines key priorities for the area.

	Scottish Drugs Forum (SDF), as requested by Ministers in their letter to ADP Chairs on 6 August 2014. B. Please provide details of local Drug Death Prevention strategies in place or planned. C. Please include details of any local Drug-Related Death groups in place, in addition to the information provided within the Ministerial priorities section.	The Staying Alive in Scotland best practice guide will also contribute to the action plan in the future. C. The Drug Deaths Action Group continues to meet regularly to review deaths and take forward actions relating to preventing drug related deaths. Future actions for this group will include implementing the ‘Staying Alive in Scotland Good Practice Baseline Tool’ developed by Scottish Drugs Forum.						
6	Describe the progress your ADP has made in taking forward the recommendations from the Independent Expert Review of Opioid Replacement Therapies in Scotland. Please include any information around the following: • update on progress in implementing your key aim statement – have you achieved it/when do you plan to do so? • How many people were in receipt of opiate replacement therapies in your area between 1 April 2015 & 31 March 2016. • Information on length of	Renfrewshire ADP Key Aim Statement: 7% (n=125) of individuals involved in services will be offered access to preparatory work who are directed and supported to access training and/or employment by end of 2015. Target achieved in 2014/15. Moving forward the ADP has set an improvement goal for the NetWork which has a remit to work with individuals affected by drugs and alcohol to move into training, meaningful day and employment. Improvement goal for 2015/16 – 85 and has been exceeded by 15%. Revised improvement goal will be agreed by the ADP Delivery Group in the coming months. Number of Individuals in Receipt of Opiate Replacement Therapies ADP Return - 1st April 2015 to 31st March 2016 <u>(Data Source - Shared Care Database, EMIS - Community Prescribing)</u> <u>Opiate Substitute Treatment Caseloads</u> (data sources: EMIS and shared care returns) <table><tr><td>CAT OST Caseload</td><td>708</td></tr><tr><td>Shared Care OST Caseload</td><td>454</td></tr><tr><td>Total OST Caseload</td><td>1162</td></tr></table>	CAT OST Caseload	708	Shared Care OST Caseload	454	Total OST Caseload	1162
CAT OST Caseload	708							
Shared Care OST Caseload	454							
Total OST Caseload	1162							

time on ORT and dose - Information about any related staff training in ORT provision or recovery orientated systems of care. - Detail of any ORT focussed groups operating in the area. - GP engagement – how drug and alcohol treatment is being delivered in primary care settings. See note 1.	Community Addiction Team Prescribing (data source: EMIS)		
	Methadone		
	CAT No. clients prescribed Methadone		563
	CAT Methadone dose range (ml)		1-175mls
	Breakdown of Methadone Doses (No of Individuals)		
	1-30mls		95
	31-59mls		134
	60-120mls		308
	121mls and over		26
	Suboxone		
	CAT No. clients prescribed Suboxone		145
	CAT Suboxone dose range (mg)		0.4-24mg
	Breakdown of Suboxone Doses (No of individuals)		
	1mg to 7mg		65
	8mg to 24mg		80
	25mg and over		0
	Shared Care Prescribing (data source: shared care returns)		
	Methadone		
	Shared Care No. clients prescribed Methadone		407
	Shared Care Methadone dose range (ml)		1-165mls
	Breakdown of Methadone Doses (No of Individuals)		
	1-30mls		119
	31-59mls		113
	60-120mls		166
	121mls and over		9

	Length of Time in Treatment (Methadone)	
	<1 year	47
	1-4 years	144
	5 year plus	216
	Suboxone	
	Shared Care No. clients prescribed Suboxone	37
	Shared Care Suboxone dose range (mg)	0.4-20mg
	Breakdown of Suboxone Doses (No of individuals)	
	1mg to 7mg	12
	8mg to 24mg	25
	25mg and over	0
	Length of Time in Treatment (Suboxone)	
	<1 year	8
	1-4 years	20
	5 year plus	9
	ORT Staff Training Staff have access to STEPS to Excellence Training ORT and Me as part of the Scottish Recovery Consortium (2016/17) Supporting Excellence Fund gives staff the opportunity to access specific courses. ORT Focused Groups Share Group – provided by the Sunshine Recovery Cafe Mutual aid groups continue to operate across Renfrewshire All groupwork programmes, as well as the Women's Group (WRENs) meet regularly with the key focus of promoting recovery but may include discussions around ORT. GP Engagement Within Renfrewshire there is currently a review of the GP Local Enhanced Service taking place. All aspects of patient engagement, pathways, recovery and wider networks of support will form	

	part of this report. An Intensive Support Practitioner Service – pilot has also commenced within one GP clinic to scope the needs of individuals who require support into training, groupwork or employment. A series of educational events are held throughout the year for general practitioners and pharmacists to attend to ensure knowledge and practice is informed but current evidence base. Greater Glasgow and Clyde wide Substitute Prescribing Management Group has been set up and the coming months, a Quality and Performance Monitoring Group will be established to support the infrastructure of the ADP. This will support the planning, delivery and governance of systems of care in Renfrewshire.
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APPENDIX 1: NOTES

1. The Independent Expert Review of Opioid Replacement Therapies in Scotland 'Delivering Recovery' can be found at <http://www.gov.scot/Publications/2013/08/9760/downloads>

Please provide any feedback you have on this reporting template.

Renfrewshire ADP has welcomed the 'light-touch' approach for 2015/16 as result of the Care Inspectorate programme of work. The ADP continues to value the template which provides the opportunity for highlighting the activities carried out to meet local and national priorities.