
To: Renfrewshire Integration Joint Board

On: 25 January 2019

Report by: Chief Officer

Subject: Renfrewshire Alcohol & Drug Partnership (ADP) Annual Report 2017/18

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 ADP Annual Report (Appendix One) 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.
- 1.4 The national frameworks for both drugs and alcohol have recently been refreshed and launched at the end of last year. In light of these new frameworks it is envisaged that there will be new reporting procedures in place by the Scottish Government from 2019.
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2. Recommendations

It is recommended that the IJB:

- Note the contents of this report.
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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 the ADP 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 2017/18

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.

Key areas of progress include:-

- **Preparing local systems to comply with the new Drug and Alcohol Information System (DAISy)** – To ensure a smooth transition from current recording systems towards implementation of DAISy a structure has been set up in Renfrewshire. Local systems are not compatible with DAISy, as is the case for most areas in Scotland, therefore data will be provided by manual upload. Legacy data will also be transferred across which will have an impact on local services. Information and Statistics Division (ISD) will deliver training on the new system and the ADP currently awaits a timetable of proposed dates.
- **Tackling drug and alcohol related deaths** – Renfrewshire ADP has updated their 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. There were 38 drug related deaths in Renfrewshire in 2017. This represents a 9.5% decrease compared with 2015, although the overall 5 year average rose by 7.7% from 26 to 28 and continues the rising trend witnessed since 2013. The rate of alcohol related deaths has remained the same in 2016 and 2017 (32.6 per 100,000 population) but is a slight increase compared to 2015 which was 31.5 per 100,000 population.

- **Ensuring a proactive and planned approach to responding to the needs of prisoners affected by problem drug and alcohol use and their associated throughcare arrangements** – where individuals are released from custody, subject to a statutory post release supervision, or engage in voluntary supervision, they are referred/supported by criminal justice to engage with local addiction services for assessment and appropriate intervention. HMP Lowmoss have a number of programmes in place ranging from substance misuse modules to accessing SMART recovery sessions.
- **Continued implementation of improvement activity at a local level, based on the individualised recommendations within the Care Inspectorate Report, which examined local implementation of the Quality Principles** – service user questionnaires continue to be disseminated within alcohol and drug services and findings inform our Improvement Action Plan; a cohort of individuals with lived experience were given the opportunity to train to become peer support workers – this resulted in a number of individuals gaining paid employment. The award winning Sunshine Recovery Cafe continues to be supported by the ADP, HSCP and Renfrewshire Council which offers an alcohol and drug free space and provides access to various groups to enhance recovery.

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 October 2018.

Author:

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

Any enquiries regarding this paper should be directed to Christine Lavery, Head of Mental Health, Addictions and Learning Disability Services (Christine.Lavery@renfrewshire.gov.uk / 0141 618 6820)

Document Details:

ADP Reporting Requirements 2017-18

1. Financial framework
2. Ministerial priorities
3. Formal arrangements for working with local partners

Appendix 1 Feedback on this reporting template.

In submitting this completed Annual Report we are confirming this has been signed off by both the ADP Chair and Integrated Authority Chief Officer.

The Scottish Government copy should be sent by **26 September 2018** for the attention of Amanda Adams to:
alcoholanddrugdelivery@gov.scot

June 2018

1. FINANCIAL FRAMEWORK - 2017-18

Your report should identify all sources of income that the ADP has received (via your local NHS Board and Integration Authority), 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.

Income and Expenditure through the Programme for Government should only be recorded in ANNEX A – Programme for Government Investment Plans and Reporting Template

a) Total Income from all sources

	Problem Substance Use (Alcohol and Drugs)
Earmarked funding from Scottish Government through NHS Board Baseline *	£1,879,194
Funding from Integrated Authorities	
Funding from Local Authority – if appropriate	£1,000,545
Funding from NHS (excluding funding earmarked from Scottish Government) – if appropriate	£788,485
Total Funding from other sources – as appropriate	
Carry forwards	
Total (A)	£3,668,224

b) Total Expenditure from sources

	Problem Substance Use (Alcohol and Drugs)
Prevention (include community focussed, early years, educational inputs/media, young people, licensing objectives, ABIs)	£334,312
Treatment & Support Services (include interventions focussed around treatment for alcohol and drug dependence)	£2,653,941
Recovery	£679,971
Dealing with consequences of problem alcohol and drug use in ADP locality	
Total (B)	£3,668,224

c) 2017-18 Total Underspend from all sources: (A-B)

Income (A)	Expenditure (B)	Under/Overspend
£3,668,224	£3,668,224	

d) 2017-18 End Year Balance from Scottish Government earmarked allocations (through NHS Board Baseline)

	Income £	Expenditure £	End Year Balance £
Problem Substance Use *			
Carry-forward of Scottish Government investment from previous year (s)			

Note: * The income figure for Scottish Government should match the figure given in table (a), unless there is a carry forward element of Scottish Government investment from the previous year.

2. MINISTERIAL PRIORITIES

ADP funding allocation letters 2017-18 outlined a range of Ministerial priorities. Please describe in this ADP Report your local Improvement goals and measures for delivery in the following areas during 2017-18 below.

PRIORITY	*IMPROVEMENT GOAL 2017-18	PROGRESS UPDATE	ADDITIONAL INFORMATION
1. Preparing Local Systems to Comply with the new Drug & Alcohol Information System (DAISy)	<p>Process has been agreed to ensure all services are DAISy ready</p> <p>Staff have been identified to attend training and are prepared to cascade the content across services.</p>	<ul style="list-style-type: none"> Local implementation group in place and awaiting further guidance from Information and Statistics Division. Data will be provided by manual upload only as current IT systems are not compatible. The volume of legacy data will also have an impact on services when transferring to the DAISy system. This will require additional resources to ensure effective implementation. Relevant staff have been identified; the ADP is currently waiting on a clear timetable from ISD of proposed dates/venues to take this forward. 	
2. Tackling drug and alcohol related deaths (DRD & ARD)/risks in your local ADP area. Which includes - Increasing the reach and coverage of the national naloxone programme for people at risk of opiate overdose, including those on release from prison and continued	<p>Reduction in the number of drug and alcohol related deaths</p> <p>Recommended minimum annual supply of Naloxone kits: 330 by March 2019 (current performance: 255)</p> <p>Reduce Drug Related Hospital Stays Target: 170 (per 100,000 population</p>	<ul style="list-style-type: none"> Drug Deaths Action Plan continues to be implemented with a number of actions underway including an evening fixed site needle exchange pilot which began at the beginning of the year and new clients, particularly those who are identified as injectors will continue to be prioritised and offered rapid start and titration of Opiate Replacement Therapy (ORT). Rapid start 	

<p>development of a whole population approach which targets harder to reach groups and focuses on communities where deprivation is greatest.</p>	<p>(current performance 180.9)</p> <p>Alcohol Related Hospital Stays Target: 8.9 (current performance 8.9)</p>	<p>involves access to ORT within 1-3 working days from completion of initial assessment for high risk cases. There were 38 drug related deaths in Renfrewshire in 2017. This represents a 9.5% decrease compared with 2015, although the overall 5 year average rose by 7.7% from 26 to 28 and continues the rising trend witnessed since 2013.</p> <ul style="list-style-type: none"> Alcohol Related Deaths Audit carried out with clear recommendations identified which include all patients who attend acute i.e. A+E should have information recorded relating to levels of alcohol consumption, individuals drinking more than the recommended daily units should be offered an alcohol brief intervention ABI and if alcohol is considered a factor in presentation offered referral to Addiction Liaison Service; nearly 70% of individuals were involved with Police Scotland in three years prior to their death; 16% were involved with Fire and Rescue Service and almost all attended advice works. Strengthen links and referral pathways across Police Scotland, Fire Scotland colleagues and Advice Works to continue. This has included joint training. The rate of alcohol related deaths have remained the same in 2016 and 2017 - 32.6 per 100,000 population but is a slight increase compared to 2015 which was 31.5 per 100,000 population. Naloxone continues to be offered to all individuals who attend for assessment; 255 	
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		<p>actual number of kits supplied in 2017/18.</p> <ul style="list-style-type: none"> • Refresher training is offered and training is provided for family members to administer; • Prison throughcare arrangements in place • Whole Systems Review carried out and recommendations will be taken forward as detailed in the Implementation Plan. • Health Improvement Lead for Alcohol Licensing is in post. The post is currently focusing on increasing the evidence of alcohol harms in statutory responses to applications and working with community structures to increase awareness of how they can be involved in the licensing process. 	
3. 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		<p>Where individuals are released from custody subject to statutory post release supervision, or engage in voluntary supervision, they are referred/supported by criminal justice social work staff to engage with local addiction services for assessment and appropriate intervention.</p> <p>Within HMP Low Moss there are a number of offender behaviour programmes/initiatives which target alcohol and drug use linked to offending:-</p> <ul style="list-style-type: none"> • Short term prisoners – all short term prisoners 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 	

		<p>module where individuals are encouraged to review the impact alcohol has on themselves and others and how it relates to their violent behaviour.</p> <ul style="list-style-type: none"> • 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 – to achieve Smoke Free Prisons, staff have been trained in the role of cessation facilitators to ensure increased support is provided to those prisoners who wish to stop smoking • 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. 	
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		<ul style="list-style-type: none"> • Quality improvement processes in place which are regularly monitored • SMART recovery sessions take place twice weekly which are facilitated by peer mentors. • Recovery Café is in the planning and will hopefully be running within HMP Low Moss very soon. 	
4. Continued implementation of improvement activity at a local level, based on the individualised recommendations within the Care Inspectorate Report, which examined local implementation of the <i>Quality Principles</i> .	Service and Strategic Quality Improvement Action Plan developed and implemented	<ul style="list-style-type: none"> • Service user questionnaires continue to be disseminated within alcohol and drug services and findings inform the Improvement Action Plan • Action Plan is monitored on a quarterly basis. • A cohort of individuals with lived experience were given the opportunity to train to become peer support worker which included university placements and paid work placements within the NHS and the third sector. As a consequence the HSCP has recruited a full time paid peer worker to support individuals accessing alcohol and drug services. • Services continue to sign-post individuals to Mutual Aid Groups. • The Recovery Cafe continues to be supported by the ADP, HSCP and Renfrewshire Council which provides an alcohol and drug free space for individuals to access a variety of groups including the Share Group, Guitar Group and Arts. A hot lunch can also be bought at a reduced cost. 	

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

3. FORMAL ARRANGEMENT FOR WORKING WITH LOCAL PARTNERS

What is the formal arrangement within your ADP for working with local partners including Integrated Authorities to report on the delivery of local outcomes.	<p>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 Renfrewshire HSCP.</p> <p>The ADP Delivery Plan/Annual Reports and other relevant plans including performance are circulated via the new accountability route, as detailed above.</p>
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In submitting this completed Investment Plan, we are confirming that this has been signed off by both the ADP Chair and Integrated Authority Chief Officer.

APPENDIX 1:

1. **Please provide any feedback you have on this reporting template.**

The ADP values the opportunity to highlight activities carried out in Renfrewshire to meet the Ministerial Priorities.