
To: Renfrewshire Integration Joint Board

On: 29 January 2021

Report by: Interim Chief Officer

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

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 use of and harm from 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. The template was designed to allow consistent reporting on how ADPs are meeting national and local priorities.
- 1.3 The ADP Annual Report (Appendix 1) 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 continue to be recovery and outcome focused.
- 1.4 In December 2020, the National Records of Scotland published the drug related deaths figures for 2019. There were 1,264 drug-related deaths in Scotland, 77 (6%) more than in 2018. This is the highest number ever recorded in Scotland. The previous year's figures (2018) saw a rise of 253 (27%) from 2017. Just under one-third (33.2%) of these deaths were within NHSGGC (394). This represents an increase of 40.7% on 2017, which is again the highest figure ever recorded for NHS Greater Glasgow and Clyde since figures began in 1996.
- 1.5 In Renfrewshire there were 45 drug-related deaths in 2019. This represents a decrease of 10% compared to the previous year of 50 drug-related deaths in 2018, but higher compared to 2017 where there were 38 drug related deaths. A more in-depth analysis will be provided by Dr Tony Martin, Drug Deaths Research Associate, NHS Greater Glasgow & Clyde at an extraordinary meeting of the ADP which will be scheduled to take place February/March 2021.
- 1.6 The national trend shows a 6% increase overall in the number of drug related deaths which is in contrast to Renfrewshire which shows a 10% decrease. While this reduction is welcomed in Renfrewshire there is no room for complacency as early indications shows that the rate for 2020 has increased. This increase is partially attributed to the impact of COVID-19.

2. Recommendations

It is recommended that the IJB:

- Note the breadth of activity in addressing alcohol and drug issues detailed in the ADP Annual Report 2019/20; and
- Note the work currently underway and the future actions to prevent and reduce the number of drug related deaths in Renfrewshire.

3. ADP Annual Report 2019/20

3.1 The template was designed by the Scottish Government to enable ADPs to capture progress against the national frameworks for alcohol and Drugs – Rights, Respect and Recovery Strategy (2018) including the Drug Deaths Task Force emergency response paper and the Alcohol Framework 2018.

3.2 The Scottish Government has reformatted the template and has opted for a tick box approach for this annual review for ease of completion. The report is structured around the following key sections:

- Finance
 - The total income - £3,021,802
 - The total expenditure - £3,021,802
- Education and Prevention
- Treatment and Recovery – Eight Point Plan
- Involving individuals with lived experience in the design and delivery of services
- Getting it right for children, young people and families
- Public Health approach to justice
- Equalities

3.3 Renfrewshire ADP Annual Report was submitted to the Scottish Government on 14th October 2020 to comply with the deadline. Feedback from the Scottish Government is anticipated January 2021.

4. Drug Related Deaths in Renfrewshire

4.1 In December 2020 the National Records of Scotland published the drug related death figures for 2019. There were 1,264 drug-related deaths in Scotland, 77 (6%) more than in 2018. This is the highest number ever recorded in Scotland.

4.2

In Renfrewshire there were 45 drug-related deaths in 2019. This represents a decrease of 10% compared to the previous year of 50 drug-related deaths in 2018, but higher compared to 2017 where there were 38 drug related deaths.

<https://www.nrscotland.gov.uk/statistics-and-data/statistics/statistics-by-theme/vital-events/deaths/drug-related-deaths-in-scotland>

Table One:

Area	2017	2018	2019
E DUN	8	9	7
E REN	4	11	8
GLA	192	280	279
INV	23	24	33
REN	38	50	45
W DUN	15	20	32
NHS GG&C	280	394	404
SCO	934	1187	1264

- Table one shows that of the 1,264 deaths occurring in Scotland in 2019, 404 (32%) were in the Greater Glasgow & Clyde area;
- Most local authority areas have shown a slight reduction since 2017 with the exception of Inverclyde and West Dunbartonshire;
- Greater Glasgow and Clyde has shown an increase since 2017 which is comparable with Scotland's figures.

Table Two: Greater Glasgow and Clyde - Drug Related Deaths (per 1,000 population) 2017-2019

Area	2017	2018	2019
East Renfrewshire	0.05	0.07	0.07
East Dunbartonshire	0.05	0.07	0.08
Glasgow City	0.24	0.30	0.35
Inverclyde	0.22	0.25	0.29
Renfrewshire	0.16	0.20	0.22
West Dunbartonshire	0.15	0.18	0.21

- Table two shows that across all local authority areas the rate per 1,000 population has increased over the last three years within Greater Glasgow and Clyde.
- Glasgow City has seen the largest increase since 2017 followed by Inverclyde, Renfrewshire and West Dunbartonshire.

4.4

Renfrewshire Alcohol and Drug Partnership (ADP) has identified a number of core actions that will be enhanced:

- The provision of timely, evidence based treatment and support to individuals attending Renfrewshire Alcohol and Drug Recovery

Service (ADRS) including the Recovery Hub and the wider partnership;

- Naloxone supply;
- Drug Related Deaths Review and Monitoring;
- Drug Trend Monitoring.

- 4.4 Building on our key actions detailed within the Annual Report the ADP was successful in applying for funding from the National Drug Deaths Taskforce. This was set up by Scottish Government to develop evidence based strategies for preventing drug related deaths in Scotland. A total of £141,287 per year for two years was secured for Renfrewshire and will result in a number of developments including the recruitment of a dedicated Drug Deaths Prevention Co-ordinator, a Peer Support Worker to engage proactively with individuals who use drugs and to increase the distribution of Naloxone and a specific post who will be part of a skill mix of medical/prescribing/ psychosocial provision within the Alcohol and Drug Recovery Service who will proactively support high risk individuals.
- 4.5 An application was made to the Drug Deaths Task Force Innovation Funding resulting in a further £87,600 being awarded for a period of 18 months to develop a test of change. This will result in recruiting two Recovery Support Navigator Posts who will engage with individuals within an acute setting/Emergency Department to increase the likelihood of accessing local treatment and care services.
- 4.6 All drug related deaths are tragedies. Renfrewshire ADP is committed to continuing to work in partnership to reduce the harm caused by alcohol and drugs, to stop drug related deaths and support more people to recover in Renfrewshire.

Author:

- Donna Reid, Lead Officer, Renfrewshire ADP
- Christine Laverty, Head of Mental Health, Addiction & Learning Disability

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ALCOHOL AND DRUG PARTNERSHIP ANNUAL REVIEW 2019/20 Renfrewshire ADP

- I. Delivery progress
- II. Financial framework

This form is designed to capture your **progress during the financial year 2019/20** against the [Rights, Respect and Recovery strategy](#) including the Drug Deaths Task Force [emergency response paper](#) and the [Alcohol Framework 2018](#). We recognise that each ADP is on a journey of improvement and it is likely that further progress has been made since 2019/20. 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 also ensure all **sections in yellow** are fully completed.

The data provided in this form will allow us to provide updates and assurance to Scottish Ministers around ADP delivery. The data will also be shared with Public Health Scotland (PHS) evaluation team to inform the [monitoring and evaluation of rights, respect and recovery](#) (MERRR). This data is due to be published in 2021.

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 the MERRR and excerpts and/or summary data from the submission will be used in published MERRR reports. It should also be noted that, the data provided will be available on request under freedom of information regulations.

In submitting this completed Annual Review you are confirming that this partnership response has been signed off by your ADP, the ADP Chair and Integrated Authority Chief Officer.

The Scottish Government copy should be sent by **Wednesday 14th October 2020** to: alcoholanddrugdelivery@gov.scot



NAME OF ADP: Renfrewshire ADP

Key contact:

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Job title: ADP Lead Officer
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I. DELIVERY PROGRESS REPORT

1. Representation

1.1 Was there representation from the following local strategic partnerships on the ADP?

Community Justice Partnership	<input checked="" type="checkbox"/>
Children's Partnership	<input checked="" type="checkbox"/>
Integration Authority	<input checked="" type="checkbox"/>

1.2 What organisations are represented on the ADP and who was the chair during 2019/20?

Chair (*Name, Job title, Organisation*): David Leese, Chief Officer, Renfrewshire Health and Social Care Partnership

Representation

The public sector:

Police Scotland	<input checked="" type="checkbox"/>
Public Health Scotland	<input type="checkbox"/>
Alcohol and drug services	<input checked="" type="checkbox"/>
NHS Board strategic planning	<input type="checkbox"/>
Integration Authority	<input checked="" type="checkbox"/>
Scottish Prison Service (where there is a prison within the geographical area)	<input checked="" type="checkbox"/>
Children's services	<input checked="" type="checkbox"/>
Children and families social work	<input checked="" type="checkbox"/>
Housing	<input checked="" type="checkbox"/>
Employability	<input checked="" type="checkbox"/>
Community justice	<input checked="" type="checkbox"/>
Mental health services	<input checked="" type="checkbox"/>
Elected members	<input type="checkbox"/>
Other	<input type="checkbox"/> Please provide details.....

The third sector:

Commissioned alcohol and drug services	<input type="checkbox"/>
Third sector representative organisation	<input checked="" type="checkbox"/>
Other third sector organisations	<input type="checkbox"/> Please provide details.....
People with lived/ living experience	<input type="checkbox"/>
Other community representatives	<input type="checkbox"/> Please provide details.....



Other

Please provide details.....

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

- Membership
- Papers and minutes of meetings
- Annual reports/reviews
- Strategic plan <https://www.renfrewshire.hsc.gov.scot/>

1.4 How many times did the ADP executive/ oversight group meet during 2019/20?

Three times – May 2019, September 2019 and January 2020

2. Education and Prevention

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

Please tick those that apply (please note that this question is in reference to the ADP and not individual services)

- Leaflets/ take home information
- Posters
- Website/ social media
- Information is provided via the Renfrewshire Health and Social Care Partnership Website and Twitter
- Accessible formats (e.g. in different languages)
- Please provide details.....
- Other
- Please provide details.....

2.2 Please provide details of any specific communications campaigns or activities carried out during 19/20 (E.g. Count 14 / specific communication with people who alcohol / drugs and/or at risk) (max 300 words).

Resources relating Scottish Government campaigns are sent out to all key partners including pharmacies, GP practices, Dentists, local libraries and community centres.



2.3 Please provide details on education and prevention measures/ services/ projects provided during the year 19/20 specifically around drugs and alcohol (max 300 words).

The Prevention and Education Subgroup has been in place to facilitate a strategic, cohesive and planned approach to prevention and education across Renfrewshire. The aim of the Group is to share best practice based on the principles of the Greater Glasgow and Clyde Alcohol and Drug Prevention Model and to deliver specific prevention and education activity and act in an advisory capacity to local organisations

The young person's service (RADAR) participated in the annual 'Safe Kids' event which enabled them to deliver early education/prevention messages to all Primary 6 children in Renfrewshire. RADAR also developed closer working links with all the Renfrewshire Secondary schools in order to promote the use of the Drug & Alcohol Toolkit.

Third sector partners (RCA Trust) provides education, prevention and awareness raising to those affected by alcohol related harms. This is undertaken through training, educational events, awareness raising sessions with different groups and a variety of organisations.

2.4 Was the ADP represented at the alcohol Licensing Forum?

Yes
No

Please provide details (max 300 words)

The ADP Lead Officer is a member of the Local Licensing Forum. It also has a number of partners who are members on the Forum including Renfrewshire HSCP (Strategic Planning & Health Improvement) Renfrewshire Council (Education), and Police Scotland. This has allowed for constructive discussions on cross-cutting issues for the ADP and Forum such as children and young person's access and the use of occasional licenses. Due to the limited membership on the Forum there have been difficulties in obtaining quorum to allow for any actions to be agreed and taken forward. The Forum had been looking to address this but has been limited due to coronavirus restrictions.

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

All
Most
Some
None

Please provide details (max 300 words)

Public Health colleagues have had an active role where each application was reviewed and responded to (where appropriate). Unfortunately, this process is no longer in place which means full responsibility is placed on Renfrewshire HSCP.

The Health Improvement Lead Alcohol Licensing reviews applications in which public health are notified (new premises, provisional premises and major variations). During 2019 – 2020 a total of 36 applications were received, 11 for new licensed premises and 25 to vary an existing licence. 10 responses (28% of



total applications received) were submitted with evidence for the Licensing Board to consider in determining the applications. Off-sales accounted for 50% of the responses (5 applications), mostly for new convenience stores. Access for children and young people was a concern relating to 5 of the applications. By 31st March 2020 all 10 applications had been before the Licensing Board with 5 (50%) having positive outcomes. This included the refusal of an application for a newsagent to provide off-sales on the grounds of overprovision not public health despite alcohol harms being significantly above the Scottish rate.

There has been closer working with Police Scotland in considering the responses to the applications which have flagged as concerning, particularly around the topic of Protecting Children and Young Persons from Harm. The Divisional Commander is keen to continue this partnership approach looking at all aspects which can inform licensing agenda. This includes the Health Improvement Lead being involved in the Your Home, Your Streets, Our Community initiative.



3. RRR Treatment and Recovery - Eight point plan

People access treatment and support – particularly those at most risk (where appropriate please refer to the Drug Deaths Taskforce publication [Evidence-Based Strategies for Preventing Drug-Related Deaths in Scotland](#): priority 2, 3 and 4 when answering questions 3.1, 3.2, 3.3 and 3.4)

3.1 During 2019/20 was there an Immediate Response Pathway for Non-fatal Overdose in place?

- Yes
 No
 In development

Please give details of developments (max 300 words)

Emergency Department presentations discussed at Multi-Disciplinary Team. DATIX completed for non-fatal overdose as well as briefing notes to encourage reflective practice within the team. Introduced 'out' for Naloxone/IEP. Refresher training for staff via Virtual Team Meetings, Review of case closures to ensure assertive outreach applied and rapid restart if relapse. DNA protocol implemented. Review of sub-therapeutic dosing, introduction of RAG Tool, distribution of mobile devices to assist engagement with services, distribution of COVID-19 packs to coincide with Naloxone November Campaign. Standing operating procedure (SOP) prison release implemented. Buprenorphine treatment option currently being considered.

3.2 Please provide details on the process for rapid re-engagement in alcohol and/or drug services following a period of absence, particularly for those at risk 19/20 (max 300 words).

1. Referral accepted and allocated for screening 2. Detailed screening via telephone 3. Discussion re options for ORT 4. COVID-19 triage completed. 5. If appropriate service user is asked to attend the service on the same day (depending on level of risk) for assessment of ORT prescribing. 6. ADRS Worker arranges dispensing pharmacy. 8. Nursing staff manage patient through process. Patient arrives, staff request to sanitise hands and put on face mask. PPE including Disposable visor/face shield and Medical mask. Escorted to Treatment room (adrenaline available as per guidelines). 9. Service user assessed by prescriber 10. Takes brief history to ascertain opiate dependence / risks / appropriate treatment 11. Drug screen/ naloxone and IEP provided. 11. BBV testing completed. 12. Follow up appointment & contact details provided.

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

- Same day prescribing of OST
 Methadone
 Buprenorphine and naloxone combined (Suboxone)
 Buprenorphine sublingual
 Buprenorphine depot
 Diamorphine
 Other non-opioid based treatment options
 Other Psychotropic Medications



3.4 What measures were introduced to improve access to alcohol and/or drug treatment and support services during the year, particularly for those at risk 19/20 (max 300 words).
Single Access Point introduced; Daily Screening of Referrals; Introduction of New Patient Clinic; Move towards commencement of same day ORT; Transfer to Espranor and widely used; Assertive outreach.

All services-maintained contact with service users by phone and online applications when direct contact was much reduced during the pandemic.

3.5 What treatment or screening options were in place to address alcohol harms? (mark all that apply)

- Fibro scanning
- Alcohol related cognitive screening (e.g. for ARBD)
- Community alcohol detox
- Inpatient alcohol detox
- Alcohol hospital liaison
- Access to alcohol medication (Antabuse, Acamprase etc.)
- Arrangements for the delivery of alcohol brief interventions in all priority settings
- Arrangements of the delivery of ABIs in non-priority settings
- Other Please provide details.....

People engage in effective high-quality treatment and recovery services

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

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

3.6 Please give details on how services were Quality Assured including any external validation e.g. through care inspectorate or other organisations? (max 300 words)
ASP Joint Inspection Activity 2020 – Review of Case Files and Protection Plans, Data Quality, Inspection of Planning Meetings with recommendations made. Third sector partner (RCA Trust Housing Support Service) is inspected on a bi-annual basis by the Care Inspectorate as part of their commitment to quality assurance and governance framework. They work in partnership with the Care Inspectorate to develop and improve the service across a range of different areas including quality assurance, internal and external review systems and improved access to the service.

3.7 Were there pathways for people to access residential rehabilitation in your area in 2019/20?

- Yes
- No

Please give details below (including referral and assessment process) (max 300 words)



Residential rehabilitation was not widely utilised within Renfrewshire in 2019/2020. This has been strengthened as a treatment option by the establishment of a MDT and Screening Group to review suitability of Service Users.

3.8 How many people started a residential rehab placement during 2019/20? (if possible, please provide a gender breakdown)
One male.

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

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

For people with lived experience (PWLE):

- Feedback/ complaints process
- Questionnaires/ surveys
- Focus groups
- Lived/living experience group/ forum
- Board Representation within services
- Board Representation at ADP
- Other PWLE included in recruitment of ADRS Management Team

Please provide additional information (optional)

PWLE are members of the Recovery Task Force and were actively involved in the work of the Renfrewshire Alcohol and Drug Commission. PWLE are regularly involved in the recruitment process within ADRS.

For family members:

- Feedback/ complaints process
- Questionnaires/ surveys
- Focus groups
- Lived/living experience group/ forum
- Board Representation within services
- Board Representation at ADP
- Other Family members were actively involved in the work of the Renfrewshire Alcohol and Drug Commission

Please provide additional information (optional)

Members of the family support group were actively involved in the review of alcohol and drug services and their thoughts and views informed some of the recommendations made. More recently some members were invited to the new premises where the Recovery Hub will be, and their views were sought to inform the refurbishment of the building.



3.10 Had the involvement of people with lived/ living experience, including that of family members, changed over the course of the 2019/20 financial year?

- Improved
 Stayed the same
 Scaled back
 No longer in place

Please give details of any changes (max 300 words)
 Due to COVID-19 and organisational challenges.

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

- Yes
 No

Please give details below (max 300 words)

There is a paid peer support worker employed within the Alcohol and Drug Recovery Service who actively promote the benefits and value of peer engagement in order to support individuals to sustain their recovery. The ADP has been successful in accessing funding which means that an additional three posts will be recruited to in 2020/21. Within the third sector (RCA Trust) there are individuals who have been volunteering with the service during the period of 2019/20 who have had lived experience with alcohol, drugs, and trauma. They have been able to work extensively throughout the project both in the counselling team as a volunteer and throughout the housing support service as a salaried worker. As a result, this has enabled some individuals moving into paid employment within other local authority areas.

People access interventions to reduce drug related harm

3.12 Which of these settings offered the following to the public during 2019/20? (mark all that apply)

Setting:	Supply Naloxone	Hep C Testing	IEP Provision	Wound care
Drug services Council	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Drug Services NHS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Drug services 3rd Sector	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Homelessness services	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
GPs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>



A&E Departments	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Women's support services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family support services	<input checked="" 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"/>
Click or tap here to enter text.				

A person-centred approach is developed

3.13 To what extent were Recovery Oriented Systems of Care (ROSC) embedded across services within the ADP area? ROSC is centred around recognising the needs of an individual's unique path to recovery. This places the focus on autonomy, choice and responsibility when considering treatment.

- Fully embedded
 Partially embedded
 Not embedded

Please provide details (max 300 words)

Recruitment of Mental Health and Addiction Recovery Operational Manager and Team Leader will be responsible for strengthening the ROSC within ADRS as well as the wider partnership. This will include the implementation of the Recovery Task Force which includes partners from the third sector, PWLE, Department of Work and Pensions, HSCP and the local Advocacy Service. The ADP and HSCP is currently working in partnership with Council colleagues to develop a Recovery Hub which will enhance the ROSC in Renfrewshire and provide a clear exit pathway from treatment services. The ADP recognises the importance of involving PWLE and this has led to their involvement in service redesign as well as advising members of the Renfrewshire Alcohol and Drug Commission. The ADP has supported the Sunshine Recovery Cafe by providing funding and in-kind support to ensure the effective operation of the service. Additional funding will also lead to the recruitment of a further three peer workers in Renfrewshire who will be key in strengthening our ROSC. Third sector partners also continue to utilise recovery-oriented systems of care through providing a holistic approach recognising the need for service users to feel empowered within their own recovery capital as well as being supported to choose their own recovery pathway.

3.14 Are there protocols in place between alcohol and drug services and mental health services to provide joined up support for people who experience these concurrent problems (dual diagnosis)?

- Yes
 No

Please provide details (max 300 words)

Mental Health and Addiction Interface Protocol is in place. This also means that there are regular Interface meetings with relevant partners. The HSCP has just recruited a brand-new operational manager post which will focus on mental and addictions as well as a new team lead post specifically focusing on recovery. Currently progressing the Recovery Hub which will be available to individuals affected by mental health and addictions. Co-morbidity Team in place within ADRS. Prescribing of psychotropic



Medication is in place. Community Psychiatric Nurses within ADRS. Progression of CBT therapist training for ADRS staff member. The RADAR team has developed working relationships with the local CAMHS service in order to promote dialogue at an early stage for children and young people where dual diagnosis looks to be a present, in order to agree on whether a joint assessment is the most appropriate approach.

The recovery community achieves its potential

3.15 Were there active recovery communities in your area during the year 2019/20?

Yes

No

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

Yes

No

3.17 Please provide a short description of the recovery communities in your area during the year 2019/20 and how they have been supported (max 300 words)

The Sunshine Recovery Cafe has been supported by the ADP which has allowed the Café to remain sustainable in a local church which meets on a weekly basis. The volunteers have taken part in the Scottish Recovery College which was also supported by the ADP. Since the outbreak of Covid 19 the Café has continued to survive and thrive in a virtual online setting. The volunteers are providing online meetings and activities which include arts and craft workshops and online quizzes. The Recovery Development Worker funded by the ADP has supported the volunteers build and grow their virtual Recovery Café.

Until the enforced lockdown the Cafe volunteers were also able to provide successful guitar and drama groups which the ADP helped support through the Cafe funding and by peer worker facilitation. The Recovery Café patrons have engaged with the Renfrewshire Alcohol and Drug Commission, taking part in a Conversation day with the commission members passing on their experiences of active addiction and recovery. Individual café volunteers have also provided their own personal experiences of alcohol and drug services and recovery to inform findings and conclusions of the Commission. Members of the recovery community are also involved in the Recovery Task Force who is responsible for taking forward the new Recovery Hub for Mental Health and Addictions for Renfrewshire and for future developments. A Peer worker is also in post at ADRS and this will increase to three as a result of successful application being made to the Corra Foundation and the Drug Deaths Task force with two posts supporting the Recovery Hub.

One of our third sector partners - Youth Connections was successful in accessing funding from the Corra Foundation resulting in a dedicated Young Person's Recovery & Development post which will be responsible for the delivery and development of the Young Person's Recovery Service. This will involve delivering a three-tiered service model which comprises of Prevention and Education as well as One to One Recovery sessions across the locality of Renfrewshire.

Route 66, a voluntary group, is also in place who supports women into recovery by providing them with a meeting space which occurs on a weekly basis where they have the opportunity to take part in arts and crafts work, and provide support to women affected by alcohol related harm.



A trauma-informed approach is developed

3.18 During 2019/20 have services adopted a [trauma-informed approach](#)?

- All services
The majority of services
Some services
No services

Please provide a summary of progress (max 300 words)

Psychological services in place. The provision of safety and stabilisation training for staff. Psychological input into redesign of ADRS premises and the development of the Recovery Hub.

An intelligence-led approach future-proofs delivery

3.19 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
Drug death review group
Drug trend monitoring group
Other Drug Action Partnership Group led by Police Scotland

3.20 Please provide a summary of arrangements which were in place to carry out reviews on [alcohol related deaths](#) and how lessons learned are built into practice (max 300 words)

There is a clear process to review alcohol related deaths which involves completing a Datix, briefing notes, carrying out significant case investigations and holding Multi-Disciplinary Team meetings. The ADP has also shared their experience of a carrying out an alcohol related deaths audit which took place a few years ago with Alcohol Focus Scotland partners. The ADP plans to set up an Alcohol Harms Group which will incorporate the new guidance from Alcohol Focus Scotland in relation to carrying out an alcohol related deaths audit.

3.21 Please provide a summary of arrangements which were in place to carry out [reviews on drug related deaths](#) and how lessons learned are built into practice (max 300 words)

There is a clear process to review alcohol related deaths which involves completing a Datix, briefing notes, carrying out significant case investigations and holding Multi-Disciplinary Team meetings. In addition to this Renfrewshire ADP part funds the Drug Deaths Research post which covers Greater Glasgow and Clyde. This post provides information on each drug related death, whether they were in service or not, and where appropriate, applies learning to prevent further deaths in the future. All details captured are submitted to the National Drug Deaths Database and each death is discussed as part of the remit of the Drug Deaths Action Group. On an annual basis details are presented to the ADP and the Chief Officer's Group for Public Protection.



4. Getting it Right for Children, Young People and Families

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

Yes

No

Please give details (E.g. type of support offered and target age groups)

The young person's service (RADAR) provides support to all young people under the age of 21 in Renfrewshire. This support was primarily delivered on an individual outreach-based model, using a harm reduction approach based around their individual needs. Workers use motivational and cognitive techniques to help promote change, considering issues such as trauma and loss. RADAR does not run any clinic work from the same resource as adult drug users. Some young people are supported intensively with several contacts per week, and a small minority have required treatment. Some targeted group work was also delivered for particularly vulnerable young people that were identified to benefit from a weekly yoga/mindfulness group facilitated by an external practitioner. RADAR also runs a weekly lunch club for young people in order to promote contact with some very marginalised young people and to encourage healthier lifestyles.

4.2 Did you have specific treatment and support services for children and young people (under the age of 25) affected by alcohol and/or drug problems of a parent / carer or other adult?

Yes

No

Please give details (E.g. type of support offered and target age groups)

The RADAR team also supported young people in this situation (although a very small number were referred on this basis).

4.3 Does the ADP feed into/ contribute toward the integrated children's service plan?

Yes

No

Please provide details on how priorities are reflected in children's service planning e.g. collaborating with the children's partnership or the child protection committee? (max 300 words) This process will be strengthened in the coming year.



4.4 Did services for children and young people, with alcohol and/or drugs problems, change in the 2019/20 financial year?

- Improved
Stayed the same
Scaled back
No longer in place

Please provide additional information (max 300 words)

Service provision stayed the same throughout 2019/20 but was scaled back from March 2020 due to Covid-19 where regular telephone contact has been maintained.

4.5 Did services for children and young people, affected by alcohol and/or drug problems of a parent / carer or other adult, change in the 2019/20 financial year?

- Improved
Stayed the same
Scaled back
No longer in place

Please provide additional information (max 300 words)

Service provision stayed the same throughout 2019/20 but was scaled back from March 2020 due to Covid-19 where regular has been maintained via telephone and where possible, virtually.

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

- Yes
No

Please provide details (max 300 words) There are four Children and Families Addiction Workers (AWs) who provide services to adults who have the care of their children. Most service users are in receipt of ORT and there is close liaison with ADRS. The focus of intervention is ORT script management (where in place), harm minimisation, recovery and social support for all in receipt of a service. The AWs attend Social Work meetings and contribute to assessments for those families with an allocated social worker. Support is provided to family members and concerned significant others by the third sector through the provision of the one to one counselling programme. This allows for those indirectly affected by drugs or alcohol to gain support in a safe recovery-oriented environment to enable them to express their views.



4.7 Did services for adult family members change in the 2019/20 financial year?

- Improved
 Stayed the same
 Scaled back
 No longer in place

Please provide additional information (max 300 words) The service was affected by Covid19 from March 2020 onwards. Direct contact with service users was reduced drastically in Spring 2020. There is much more direct contact now (October 2020) but visits continue to be outdoors whenever possible and are at a necessary minimum.

4.8 Did the ADP area provide any of the following adult services to support family-inclusive practice? (mark all that apply)

Services:	Family member in treatment	Family member not in treatment
Advice	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Mutual aid	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mentoring	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Social Activities	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Personal Development	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Advocacy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Support for victims of gender based violence	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Other (Please detail below)	<input type="checkbox"/>	<input type="checkbox"/>

Mental Health, Carers Centre, Housing

Please provide additional information (max 300 words)

ADRS offers support and advice to empower carers to prioritise their own needs while continuing to support their loved one (s) who are affected by drugs and alcohol.



5. A Public Health Approach to Justice

5.1 If you have a prison in your area, were arrangements in place and executed to ensure prisoners who are identified as at risk left prison with naloxone?

- Yes
- No
- No prison in ADP area

Please provide details on how effective the arrangements were in making this happen (max 300 words)
[Click or tap here to enter text.](#)

5.2 Has the ADP worked with community justice partners in the following ways? *(mark all that apply)*

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

Please provide details (max 300 words)

Third sector partners work in partnership with Renfrewshire Council Criminal Justice teams to provide support to individuals and their family members who have been affected by alcohol related offending behaviours through one to one counselling. The main objective of this programme is to reduce alcohol related offending through providing support to offenders where alcohol has been a contributory factor in their offending behaviour by providing a range of different interventions focusing on motivational enhancement techniques and relapse prevention strategies. A joint ADP approved bid to the CORA Foundation for a Community Justice Development Worker, seeks to explore and develop the relationship between criminal justice and addiction services in Renfrewshire, for all stages of the individual's journey through the system. This post was created in March 2020 but has been delayed as a result of COVID 19.

5.3 Has the ADP contributed toward community justice strategic plans (E.g. diversion from justice) in the following ways? *(mark all that apply)*

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

Please provide details (max 300 words)

As above, the development worker post relates to health and wellbeing, one of the Renfrewshire Community Justice local priorities, and will consider all stages of justice i.e. diversion, statutory orders, deferred sentences, statutory and voluntary throughcare.



5.4 What pathways, protocols and arrangements were in place for individuals with alcohol and drug treatment needs at the following points in the criminal justice pathway? Please also include any support for families. (max 600 words)

a) Upon arrest

Where individuals appear from custody in court, the court based Social Work Arrest Referral process is available for onward referral, and if guilt is accepted at that stage then there can also be consideration of a Drug Treatment and Testing Assessment (for relevant individuals) to inform sentence.

b) Upon release from prison

Our third sector provider provides one to one counselling to individuals who have been released from prison and if they meet the appropriate criteria are able to access supported accommodation where they are able to be housed in one of 9 flats located across Renfrewshire. A Pathway is in place for prisoners on release from custody subject to Opiate Replacement Therapy, with a direct referral from prison healthcare to ADRS to ensure service user contact on the day of release. A local pathway ensures that those released on licence/or subject to MAPPA arrangements are referred to a higher tier service for initial assessment. This will be revisited when the Corra funded development worker post is established.



6. Equalities

Please give details of any specific services or interventions which were undertaken during 2019/20 to support the following equalities groups:

6.1 Older people *(please note that C&YP is asked separately in section 4 above)*

While there is no specific service provided the ADP and associated services adopts a non-exclusion criterion. Services provide barrier free access for all equality groups.

6.2 People with physical disabilities

While there is no specific service provided the ADP and associated services adopts a non-exclusion criterion. Services provide barrier free access for all equality groups. Within ADRS there is disability access.

6.3 People with sensory impairments

While there is no specific service provided the ADP and associated services adopts a non-exclusion criterion. Services provide barrier free access for all equality groups. Loop system is available.

6.4 People with learning difficulties / cognitive impairments.

While there is no specific service provided the ADP and associated services adopts a non-exclusion criterion. Services provide barrier free access for all equality groups. Within ADRS we invite joint assessment and joint working and every case is assessed on individual circumstances.

6.5 LGBTQ+ communities

While there is no specific service provided the ADP and associated services adopts a non-exclusion criterion. Services provide barrier free access for all equality groups.

6.6 Minority ethnic communities

While there is no specific service provided the ADP and associated services adopts a non-exclusion criterion. Services provide barrier free access for all equality groups. Translation service is available and ADRS has a polish speaking social care worker.

6.7 Religious communities

While there is no specific service provided the ADP and associated services adopts a non-exclusion criterion. Services provide barrier free access for all equality groups.

6.8 Women and girls (including pregnancy and maternity)

Special needs in pregnancy service (SNIPs) which provides interventions and support to pregnant women who also have drug and alcohol problems; children and families team in place; Women and Children First; sexual health service and women's aid.



II. FINANCIAL FRAMEWORK 2019/20

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	2,229,161
2019/20 Programme for Government Funding	
Additional funding from Integration Authority	
Funding from Local Authority	556,641
Funding from NHS Board	
Total funding from other sources not detailed above	170,000
Carry forwards	66,000
Other	
Total	3,021,802

B) Total Expenditure from sources

	£
Prevention including educational inputs, licensing objectives, Alcohol Brief Interventions)	96,585
Community based treatment and recovery services for adults	2,178,367
Inpatient detox services	
Residential rehabilitation services	
Recovery community initiatives	
Advocacy Services	293,850
Services for families affected by alcohol and drug use	
Alcohol and drug services specifically for children and young people	
Community treatment and support services specifically for people in the justice system	
Other reserves	453,000
Total	3,021,802



7.1 Are all investments against the following streams agreed in partnership through ADPs with approval from IJBs? *(please refer to your funding letter dated 29th May 2020)*

- Scottish Government funding via NHS Board baseline allocation to Integration Authority
- 2019/20 Programme for Government Funding

Yes

No

Please provide details (max 300 words)

[Click or tap here to enter text.](#)

7.2 Are all investments in alcohol and drug services (as summarised in Table A) invested in partnership through ADPs with approval from IJBs/ Children's Partnership / Community Justice Partnerships as required?

Yes

No

Please provide details (max 300 words)

[Click or tap here to enter text.](#)

Any investments in alcohol and drug services are discussed and agreed at the ADP and approved by the HSCP Senior Management Team and IJB.