



Meeting of East Renfrewshire Health and Social Care Partnership	Integration Joint Board
Held on	24 November 2021
Agenda Item	12
Title	East Renfrewshire Alcohol and Drugs Partnership Update
Summary	
<p>This report provides members of the Integration Joint Board with an overview of the progress being made to enhance the involvement and influence of people with lived experience in the work of the Alcohol and Drugs Partnership, in response to IJB members request to prioritise this area of work. In addition, the report includes an update on the high-profile national Drugs Mission that has been developing since January 2021.</p>	
Presented by	Julie Murray, Chief Officer, Alcohol and Drug Partnership Chair
Action Required	
<p>The Integration Joint Board is asked to:-</p> <ol style="list-style-type: none"> i. Note and comment on the progress to date on enhancing the involvement and influence of lived experience in the work of the Alcohol and Drug Partnership. ii. Note the significant additional funding allocated to East Renfrewshire Alcohol and Drug Partnership and that work is well underway to identify priorities for investment and advise of issues the IJB would like to be considered iii. Note the Medication Assisted Treatment Standards and the work being undertaken to progress delivery of the standards iv. Note the Alcohol and Drug Partnership Annual Review 2020-21 which has been submitted to the Scottish Government in response to their request. 	
Directions	Implications
<p>X No Directions Required</p> <p><input type="checkbox"/> Directions to East Renfrewshire Council (ERC)</p> <p><input type="checkbox"/> Directions to NHS Greater Glasgow and Clyde (NHSGGC)</p> <p><input type="checkbox"/> Directions to both ERC and NHSGGC</p>	<p>x Finance</p> <p><input type="checkbox"/> Policy</p> <p><input type="checkbox"/> Workforce</p> <p>x Equalities</p> <p><input type="checkbox"/> Risk</p> <p><input type="checkbox"/> Legal</p> <p><input type="checkbox"/> Infrastructure</p> <p>x Fairer Scotland Duty</p>

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EAST RENFREWSHIRE INTEGRATION JOINT BOARD

24 November 2021

Report by Chief Officer

EAST RENFREWSHIRE ALCOHOL AND DRUGS PARTNERSHIP UPDATE

PURPOSE OF REPORT

1. The primary purpose of this report is to update the Integration Joint Board on work that is being undertaken to enhance the voice of lived experience in the work of the Alcohol and Drugs Partnership. In addition, there have been significant developments at national level around the drug related deaths emergency situation, with the launch of the national Drugs Mission. The opportunity is taken in this report to update the Integration Joint Board on the Drugs Mission and the implications and opportunities for East Renfrewshire.

RECOMMENDATIONS

2. The Integration Joint Board is asked to:-
- i. Note and comment on the progress to date on enhancing the involvement and influence of lived experience in the work of the Alcohol and Drug Partnership.
 - ii. Note the significant additional funding allocated to East Renfrewshire Alcohol and Drug Partnership and that work is well underway to identify priorities for investment and advise of issues the IJB would like to be considered
 - iii. Note the Medication Assisted Treatment Standards and the work being undertaken to progress delivery of the standards
 - iv. Note the Alcohol and Drug Partnership Annual Review 2020-21 which has been submitted to the Scottish Government in response to their request.

BACKGROUND

3. In September 2020, the Integration Joint Board (IJB) considered and approved the East Renfrewshire Alcohol and Drugs Strategic Plan and Delivery Plan, developed by the local Alcohol and Drugs Partnership. The Plan is strongly influenced by national ministerial priorities and strategic aims set by Scottish Government

4. The Scottish Government published two strategic frameworks in 2018 to inform and influence local plans and the local plan clearly draws on these priorities. The Alcohol Framework sets out national prevention aims around alcohol and tackling the associated health inequalities. Rights, Respect and Recovery introduces new ministerial priorities, and associated outcomes, for reducing alcohol and drug related harm and supporting individuals, families and communities:

- i. Early intervention and prevention
- ii. Recovery oriented approaches
- iii. A whole family approach and;
- iv. A public health approach to justice

5. In recent years, the ADP has worked closely with PARTNER, the local community recovery group, and undertaken peer research to inform priorities and service delivery. It was acknowledged that opportunities to work with local people with experience of alcohol

and drug related harm and of services had been limited due to the impact of the Covid pandemic. IJB members requested that work to enhance lived experience involvement be progressed as a priority and a report brought back to the IJB.

6. During 2021, there have been a number of significant developments in the Scottish Government's approach to the drug related deaths emergency. On 20 January, the First Minister announced the Drugs Mission, an enhanced approach focusing on fast access to treatment and increased access to residential rehabilitation, together with significant additional funding for ADPs. The new Medication Assisted Treatment Standards were published in May. Following a number of funding letters and clarifications over the period June to September, the East Renfrewshire ADP had a clear picture of the additional investment available locally. This information is detailed later in the report.

REPORT

Enhancing Lived Experience Involvement

7. This is a key priority as part of the delivery of the East Renfrewshire Alcohol and Drugs Plan. It is recognised there is no single mechanism that can be put in place to achieve meaningful involvement and the Alcohol and Drug Partnership's approach has several strands, with a capacity building approach across these strands to ensure that individuals are supported to engage and influence. The HSCP continues to link with PARTNER recovery group around their support needs. This approach will take time to fully develop and establish but good progress has been made to date.

i. Peer research development programme

8. The Alcohol and Drugs Strategic Plan for East Renfrewshire includes two key actions – strengthening user involvement and redesigning the delivery of Opiate Substitution Treatment (OST). The ADP invested in a peer research development programme. People with lived experience of alcohol and drug related harms, recovery and using services are recruited and trained to carry out local research. The key premise of this approach is that people using services value being able to talk to someone with a shared experience and are more likely to engage and open up about their experiences. The benefits of a peer research approach are wide ranging including:

- Individuals with lived experience are offered the opportunity to develop a range of skills including research, analysis and report writing which can enhance confidence, self-esteem and employability
- Involvement in volunteering as a key aspect of progressing or maintaining the recovery of individuals
- Services become informed and influenced by the rich evidence gathered through peer research

9. The East Renfrewshire programme has been progressing well. Six peer researchers with a range of lived experience were recruited for the first round of training, including individuals with experience through their family member's alcohol or drug harm, those who have been engaged with services locally and peer researchers from outwith East Renfrewshire, who provided a valuable mentoring role within the programme as well as supporting the research. The first study focused on service user experience of the provision of Opiate Substitution Treatment and 14 in-depth qualitative interviews were conducted with service users. The report is at an early draft stage but so far provides a greater understanding of individual's experiences and feelings about being in treatment and what could be improved – including mental health supports and the interface between alcohol and drugs and mental health services and gaps in community-led recovery supports. There are

some messages that are difficult to hear in the research findings but provide valuable evidence of what we need to improve and inform the delivery of actions in the Strategic Plan. A second programme of training has now begun and a second study is planned looking at wider needs across services and the community to support recovery from alcohol and / or drug harms. The ADP has made financial investment to enable the initial development of peer research and options for sustaining the approach are being considered.

ii. Lived experience panel

10. On behalf of the ADP, our third sector partner The Advocacy Project have been working to recruit local individuals with lived experience to join a panel. A small number of individuals have expressed an interest and four panel meetings have taken place, focusing on introducing panel members to one another, identifying why people want to get involved and discussing views on local services and priorities. A capacity building programme including group work and one-to-one supports is being offered as a key part of the approach. The panel is at an early stage of development and recruitment of more people with a range of experiences, including family members, remains a key priority. It is hope the Panel will work with the ADP, in a way that works for them. The ADP is open to new and different ways of working to make meetings more accessible and engaging for those who do not work within services.

iii. Employing more people with lived experience

11. IJB members will already be aware of the East Renfrewshire peer support service delivering recovery support across alcohol, drugs and mental health service settings. Peer workers use their lived experience to support individuals in a person-centred way, complementing formal services and providing hope that recovery is possible. A further peer-based service is now being developed specifically targeting individuals at risk of drug related harm and death. The peer navigators test of change will support individuals who experience significant crisis and distress and would benefit from more holistic support to achieve stable engagement with drug treatment services as well as other supports such as money advice and rights services or housing support. We will support the peer research volunteers and lived experience panel members to take part in the development of the service. Overall, the number of people with lived experience employed in East Renfrewshire is increasing and this is another part of our approach to increase the influence of lived experience in design and delivery.

12. The timing of these developments is critical. Working with peer researchers on their study findings and the lived experience panel on their views and ideas will support ADP partners as they enter a period of change in how services are delivered and introduce new service approaches. It is hoped that these areas of development reassure the IJB that enhancing lived experience involvement in the ADP and alcohol and drugs services is a critical priority. Work will continue to develop and evaluate these approaches in terms of the impact on service delivery.

National Drugs Mission and Funding Uplift for ADPs

13. Following significant political discussion and scrutiny of rising drug related deaths figures¹, increased funding for Alcohol and Drugs Partnerships was announced via formal letters on 17 June and 18 August. Regarding the duration of the funding, further clarification was issued in September stating that all the funding allocations are “intended to be recurring for the life of the National Mission i.e. the financial years 2021-22 to 2025-26”. The funding is allocated in ring-fenced amounts for particular priority areas – for example, a very specific drive to increase residential rehabilitation placements, including the preparation, detox and

¹ East Renfrewshire drug related deaths annual figures for the past ten years are in Annex 1

aftercare. There are some very specific goals such as the availability of same day prescribing for Opiate Substitution Treatment by April 2022. The funding now available for investment in East Renfrewshire is shown in Table 1.

Table 1:

Piece of work/PRIORITY	Allocation
Fast Access to Treatment e.g. same day prescribing, assertive outreach	79568
Residential rehab including preparation and aftercare	79568
Whole family support	55698
Lived experience panel development	7957
expand assertive outreach	47741
expand NFO pathways	47741
Total additional annual funding 2021-22 to 2025-26	318273

14. The commitment to an annual funding uplift for this financial year and the following four years is significant and allows longer term planning for services and supports that meet local need. It is important to note that we are already more than halfway through year 1 of this funding package.

15. In advance of knowing the financial package, preparatory work has been underway for some time – recruiting and preparing the lived experience panel for working with partners on the priorities for investment, the conduct of the OST study by the peer researchers, ADP review of drug related deaths, amongst other areas of work. At a meeting on 6 October, the ADP discussed the Drugs Mission and a range of potential priorities for investment. Partners recognised that it is critical that the process and timeline for finalising proposals is shaped around the lived experiences of individuals, recognising the developing Lived Experience Panel and the work of the peer research group. The ADP agreed two short term actions, in line with the specific criteria for some of the funds, still leaving significant scope for all partners to shape the investment plans over the five years:

- Recruitment for a fixed term and part-time medical officer in order to ensure delivery of same day prescribing by April 2022
- Utilisation of the residential rehabilitation allocation as required to place individuals appropriately based on a person centred approach

Medication Assisted Treatment Standards

16. The Drugs Death Task Force published the Medication Assisted Treatment Standards in May 2021 and achievement of the Standards will be a key pillar of the work to prevent drug related deaths. One of the key standards is to provide same day prescribing for Opiate Substitution Treatment for those who need it, by April 2022. However the standards represent a much more holistic approach to Medication Assisted Treatment, including the accessibility and availability of mental health supports, a trauma informed approach to services, and person centred choice. A summary of the Standards is attached in Annex 2 for IJB members to note.

Alcohol and Drugs Partnership Annual Review

17. The Scottish Government required all Alcohol and Drug Partnerships to complete an Annual Review template for 2020-21. This was prepared and approved by the ADP prior to submission in October and is attached in Annex 3 for reference for the Integration Joint Board.

CONSULTATION AND PARTNERSHIP WORKING

18. Partnership working is critical to the success of all of the areas of work highlighted in this report and we are already demonstrating strong partnership links. The ADP is drawing on the skills and experience of The Advocacy Project to progress the lived experience development work. The scale of the Drugs Mission will require the contribution of all ADP partners to develop robust proposals, and deliver in partnership. The ADP has also given formal support to funding applications by third sector partners, RCA Trust and Turning Point Scotland, for new services they will deliver in East Renfrewshire if successful.

19. The Scottish Government has worked with a national lived experience panel to inform the Drugs Mission and criteria and there is the desire for a rapid pace of change at local levels. However, the clear view of the Alcohol and Drugs Partnership is that we must balance the need for rapid delivery with the time needed to explore the lived and living experience in East Renfrewshire. It is anticipated that the work to date outlined in paragraphs 7 to 12 means we are in a strong position to engage in meaningful conversations with peer researchers and the lived experience panel to ensure that we meet needs at local level.

IMPLICATIONS OF THE PROPOSALS

Finance

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

Workforce

21. There are no implications for workforce.

Infrastructure

22. There are no implications for infrastructure.

Risk

23. There are no risk implications.

Equalities

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

Policy

25. There are no policy implications.

Legal

26. There are no legal implications.

Fairer Scotland Duty

27. The Fairer Scotland Duty will be considered within specific decision making around investment of the Drugs Mission Funding.

DIRECTIONS

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

CONCLUSIONS

29. The national Drugs Mission demonstrates the Scottish Government commitment to prevent drug related deaths. East Renfrewshire has a relatively small number of drug related deaths but every death is preventable, and the Drugs Mission goes beyond simply the prevention of deaths. It presents the opportunity to enable significant improvements in the quality of life and wellbeing of individuals with harmful drug use, often due to their experience of significant trauma and mental health issues. The work to date to support and build capacity amongst individuals with lived experience who wish to be involved in this work presents the opportunity to work closely in partnership and ensure services and supports meet local needs.

NEXT STEPS

30. It is proposed that the Alcohol and Drugs Partnership continues to develop the range of approaches that improve the way we listen and respond to lived experiences in our work to reduce alcohol and drug related harms and influence our investment of the new funding, and progresses with the planning work around the additional funding.

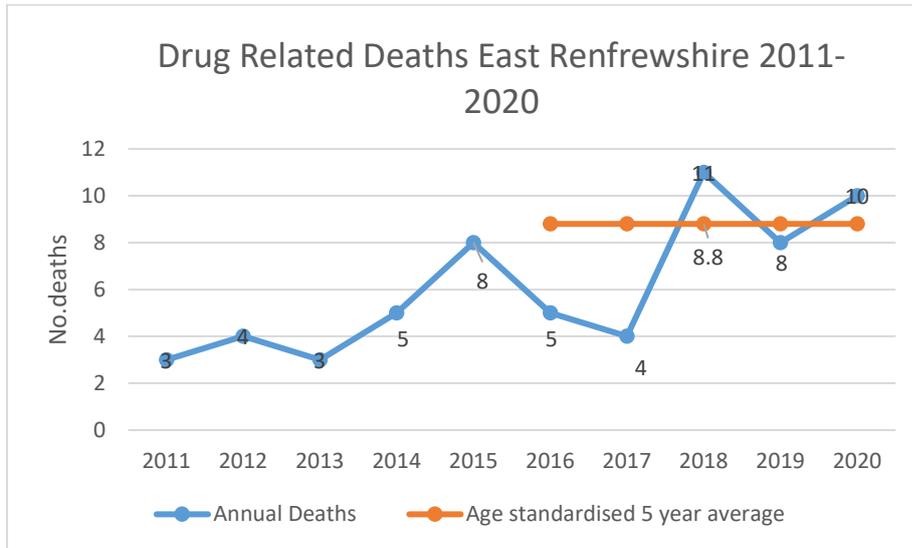
RECOMMENDATIONS

31. The Integration Joint Board is asked to:-
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 - iv. Note the Alcohol and Drug Partnership Annual Review 2020-21 which has been submitted to the Scottish Government as per their request.

REPORT AUTHOR AND PERSON TO CONTACT

Tracy Butler
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tracy.butler@eastrenfrewshire.gov.uk

Julie Murray, Chief Officer, HSCP
Chair, Alcohol and Drugs Partnership
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Source: National Records of Scotland

Medication Assisted Treatment Standards

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

ALCOHOL AND DRUG PARTNERSHIP ANNUAL REVIEW 2020/21 (*East Renfrewshire Alcohol and Drugs Partnership*)

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

This form is designed to capture your **progress during the financial year 2020/2021** 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 2020/21. Please note that we have opted for a tick box approach for this annual review but want to emphasise that the options provided are for ease of completion and it is not expected that every ADP will have all options in place. We have also included open text questions where you can share details of progress in more detail. Please ensure all sections are fully completed. **You should include any additional information in each section that you feel relevant to any services affected by COVID-19.**

The data provided in this form will allow us to provide updates and assurance to Scottish Ministers around ADP delivery. The data will also be shared with Public Health Scotland (PHS) evaluation team to inform monitoring and evaluation of drugs policy.

We do not intend to publish the completed forms on our website but encourage ADPs to publish their own submissions as a part of their annual reports, in line with good governance and transparency. All data will be shared with PHS to inform drugs policy monitoring and evaluation, and excerpts and/or summary data from the submission may be used in published reports. It should also be noted that, the data provided will be available on request under freedom of information regulations.

In submitting this completed Annual 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 2021** to: drugsmissondeliveryteam@gov.scot

NAME OF ADP: East Renfrewshire

Key contact:

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

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 2020/21?

Chair (*Name, Job title, Organisation*): Julie Murray, Chief Officer, East Renfrewshire HSCP / IJB

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 checked="" type="checkbox"/>
Integration Authority	<input checked="" type="checkbox"/>
Scottish Prison Service (where there is a prison within the geographical area)	<input 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 checked="" type="checkbox"/> Please provide details.....

The third sector:

Commissioned alcohol and drug services	<input checked="" type="checkbox"/> Penumbra and RCA Trust
Third sector representative organisation	<input type="checkbox"/>
Other third sector organisations	<input checked="" type="checkbox"/> The Advocacy Project, Scottish Drugs Forum

People with lived / living experience	<input type="checkbox"/>
Other community representatives	<input type="checkbox"/> Please provide details.....
Other	<input type="checkbox"/> Please provide details.....

NB we are currently developing a lived experience panel locally and working with them on designing their role within the ADP.

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

Membership	<input type="checkbox"/>
Papers and minutes of meetings	<input type="checkbox"/>

Annual reports/reviews
 Strategic plan see hyperlinks below

Strategic Plan

Delivery Plan

The web pages are currently being reviewed.

1.4 How many times did the ADP executive/ oversight group meet during 2020/21?

4 meetings during 2020-21, plus additional Drugs Death Prevention Working Group meetings

1.5 Please give details of the staff employed within the ADP Support Team

Job Title	Whole Time Equivalent
1. Lead Planner (Recovery Services)	Full time role split 50/50 ADP and mental health
2. Business Analyst (Recovery Services)	0.8FTE (with 50% of that time on ADP business)
3. Health Improvement Senior (ADMHW)	full time role split 50/50 alcohol/drugs and mental health

Total WTE 1.4FTE

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	<input checked="" type="checkbox"/>
Posters	<input type="checkbox"/>
Website/ social media	<input checked="" type="checkbox"/>
https://www.eastrenfrewshire.gov.uk/alcohol-and-drug-services	
Accessible formats (e.g. in different languages)	<input type="checkbox"/>
Please provide details.....	
Other	<input checked="" type="checkbox"/>
East Renfrewshire Talking Points – single point of contact for HSCP services	

2.2 Please provide details of any specific communications campaigns or activities carried out during 2020/21 (E.g. Count 14 / specific communication with people who alcohol / drugs and/or at risk) (max 300 words).

Partnership working with Health Improvement and HSCP Communications to support awareness raising around alcohol, drugs and mental health and wellbeing, including promotion of various health events. Promotion via HSCP social media channels, internet, staff intranet and via third sector partners. Health Events included: Suicide Prevention Week, Fetal Alcohol Spectrum Disorder Awareness, Alcohol Awareness Week, Dry January, No Smoking Day, Stress Awareness Month. A Health Events Calendar has been created for 2021. Awareness raising will be elevated with funding for paid social media campaigning, targeting selected demographics in line with evidence base. Two Alcohol Awareness Consultations have been completed using Citizen Space during December 2020 and February/ March 2021- a report on consultation findings will be finalised and data utilised to support future planning on alcohol awareness/ education.

2.3 Please provide details on education and prevention measures/services/projects provided during the year 200/21 specifically around drugs and alcohol (max 300 words).

Safe East Ren Partnership Approach

Through 2020-21, the response to the Covid 19 pandemic impacted on the traditional engagement Police Scotland's Campus Officers were able to have with pupils across East Renfrewshire schools and beyond. Inputs normally delivered at high school assemblies in relation to the dangers associated with harmful alcohol and drug use and also anti-social behaviour could not be undertaken, due to schools removing such large gatherings as part of their response to the virus.

Campus Officers however, continued to work in these areas, targeting smaller groups of pupils and individuals of concern, where blending learning permitted.

The link between Alcohol, Youth Disorder and Anti-Social Behaviour was identified as one of particular local importance for Police and partners in the early part of 2021, with increases in reports noted following the relaxation of restrictions through that period and a number of high profile incidents attracting media attention across the Local Authority Area. It should be noted that similar rises in such youth activity was experienced elsewhere in the Greater Glasgow area and beyond.

Appreciating that the summer period of 2021 would see more residents holidaying at home and wishing to enjoy East Renfrewshire's many parks and open spaces, a proposal was submitted to the Chair of the Safe East Ren Group to implement a joint Summer Action Plan as a critical activity to address Anti-Social Behaviour / Youth Disorder.

This proposal was accepted and significant engagement was progressed with a number of partners, to plan a joint response and supportive public messaging. The strategy very much focussed on the safety of young people and parks and open spaces being safe places to be enjoyed by all East Renfrewshire residents and visitors.

Key partners included;

Police Scotland

ERC Community Safety, including Wardens and Youth Workers

ERC Education

Scottish Fire & Rescue

British Transport Police

Scottish Water

In advance of the Summer 2021 Plan being implemented, a weekly joint tasking meeting was implemented involving all partners, to share awareness and information on locations of concern where partner interventions would be targeted and other impact factors such as anticipated good weather / other influential events. These meetings regularly established that large numbers of youths were regularly visiting the East Renfrewshire area from neighbouring areas within the Glasgow area and from East Kilbride.

In anticipation of the potential impact of traditional 'Muck Up' school leavers activity, partners also worked together to support a joint plan in this area too. Education colleagues arranged activities to spread school attendance for leavers over a number of days, reducing the significance of 'last day' of school

Engagement with our young people provided a key focus for all partners understanding the challenges they had faced through the pandemic and the fact that not all were engaging in risk taking behaviour and tolerance levels to any gatherings within the wider community may have lowered, due to Covid impacts.

In relation to the Summer Plan itself, a public communications strategy was led by East Renfrewshire Council including messaging from Education to parents of senior school pupils across East Renfrewshire High Schools prior to the end of the school year, to alert parents of the inherent dangers of not only alcohol consumption, but the locations which some of our young people were gathering, for example disused quarries, and reservoirs.

The Summer Plan was subsequently implement alongside a Summer Youth Project run by Police Scotland Campus Officers and funded via their Divisional Commanders Partnership Fund.

Through consultation with East Renfrewshire Education Pastoral Care Teachers, Campus Officers identified a small number of young people from each of the 7 local high schools with emotional, welfare and wellbeing needs.

Police Scotland Local Problem Solving Team Officers also attended a number of sessions arranged by East Renfrewshire Youth Services at parks across East Ren to engage with young people participating in these projects.

Whilst the Summer Plan has yet to be fully evaluated by all partners, and comparisons to 2020 data are challenging due to the effects of Covid restrictions, Police Scotland recorded no significant violence or disorder and no injuries or loss of life on local reservoirs, as was tragically experienced elsewhere across the country.

With the relaxation of Covid restrictions through the first quarter of 2021-2022, plans for inputs from Police Scotland Campus Officers to school pupils across a range of topics, (including Alcohol, Drugs, Hate Crime, 'No Knives Better Lives'), are once again being considered with Education colleagues along with work traditionally conducted with local Trading Standards and Licensing colleagues in relation to the identification of and response to potentially problematic licensed premises.

Outreach and Engagement with Young People

Covid restrictions have impacted on how youth work has been targeted and delivered throughout the year by the CLD team. Targeted group work supporting young people who have been the most impacted by the pandemic has been allowed to continue including LGBTi, ASN and young parents work. Our youth work and schools programmes where we would normally facilitate focused alcohol, drugs and sexual health work are only just returning with RespectER (sexual health, relationships and risk taking behaviour) and small issue based group work being a priority. Our main focus throughout the pandemic has been to deliver an authority wide detached youth work programme. Detached Youth Work is a method of where youth engagement where workers meet young people on the streets and in other locations where they congregate (eg shopping areas, car parks, school grounds, train stations and parks). Over a period of time workers will establish positive relationships with young people and will engage with them on their own terms'. Detached workers provide confidential advice, information and support on issues that affect the young people they meet. They develop and maintain contact with young people who may not or cannot attend or access existing services. They signpost and support young people to access appropriate services and work alongside young people to develop activities and services that meet their needs. Throughout the pandemic young people have initiated conversations around drug and alcohol use and associated risk taking behaviours.

Approximately 350 sessions of detached outreach were delivered across all communities in East Renfrewshire between June and December 2020, enabling conversations with a wide range of young people (due to COVID restrictions there was no detached youth work deliver from January to March 2021.) Throughout the pandemic detached youth work remained our main focus for engaging with young people in local communities. In order to respond to the need, youth workers were deployed into areas where we have previously not delivered this service. This gave us the opportunity to engage with young people in their own community, build relationships with those who did not access our services and signpost, when relevant, to other agencies and organisations for support. Through this engagement young people highlighted their concerns to staff about the impact of Covid-19, their own mental health and well-being, increased drugs (cannabis) and alcohol use (their own and family use), their fears around increased knife crime and large scale anti-social behaviour. The findings from sessions have been reported to a range of partners and partnership groups, including the ADP, to inform work in schools, social work and other settings.

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

- | | |
|------------------------------------|-------------------------------------|
| Formal setting such as schools | <input checked="" type="checkbox"/> |
| Youth Groups | <input checked="" type="checkbox"/> |
| Community Learning and Development | <input checked="" type="checkbox"/> |
| Other – please provide details | <input type="checkbox"/> |

2.5 Please detail how much was spent on Education / Prevention activities in the different settings above

- Formal setting such as schools
- Youth Groups
- Community Learning and Development
- Other – please provide details

The above activities were carried out within mainstream staffing resources and it is not possible to quantify the precise spending at the current time.

2.6 Was the ADP represented at the Alcohol Licensing Forum?

Yes
No

Please provide details (max 300 words)

The Licensing Forum has not met since December 2019 due to Covid. Council Buildings remain closed and the Forum is not set up for virtual meetings. Forum members stated they did not wish to do virtual meetings.

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

All
Most
Some
None

Please provide details (max 300 words)

Public health colleagues at NHSGGC have been focused on managing the Covid pandemic response and there has been limited opportunity to comment on licensing applications. During Covid, like many areas, East Renfrewshire has seen increased applications for outdoor drinking spaces to support businesses to continue operating through restrictions and increase safety for residents using local bars and restaurants.

3.3 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 2020/21 was there an Immediate Response Pathway for Non-fatal Overdose in place?

- Yes
- No
- In development

Please give details of developments (max 300 words)

NHSGGC wide Crisis Outreach Service was in development. Outreach aspects of service don't cover East Renfrewshire individuals however there are pathways in place to local services. Turning Point Scotland secured funding for a harm reduction oriented Overdose Response Team during 2020-21 with service delivery commencing September 2021. In March 2021 East Renfrewshire ADP secured funding for a peer navigators test of change which will target NFO in A&E, MHAU and people leaving prison at risk of DRD with service delivery commencing in late 2021. While these developments are being designed, local team continue to carry out routine checking of emergency department admissions of service users for reasons of overdose, which are picked up by staff and followed up. During Covid, work undertake to ensure all individuals issued with Naloxone kit, where required.

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 and during COVID-19. Are services fully open at normal levels / blended services on offer? (max 300 words).

If an individual is still an open, allocated case then they will re-enter treatment immediately. Alternatively individuals are re-referred with access within 3 weeks, and Opiate Replacement Therapy cases are fast-tracked.

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
- Naloxone
- BBV Screening
- Access to crisis support
- Access to detox from opiates/benzos – rehab
- Other non-opioid based treatment options Please provide details.....

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 20/21 (max 300 words).

East Renfrewshire Community Addictions Team has been among the first alcohol and drugs service to roll-out Long-acting Injectable Buprenorphine (Buvidal), a long acting, injected buprenorphine opiate substitute. It is the first service in Greater Glasgow and Clyde to operate a nurse led administration protocol, which commenced in September 2020. This was initially in response to the potential roll-out of Long-acting Injectable Buprenorphine in prisons, due to COVID restrictions, and recognising that a number of individuals would require continuity of treatment on release. In addition, others on alternative opiate substitute medications were considered good candidates to switch to Long-acting Buprenorphine. All nurses in the team and the medical officer were trained in the provision of advice to individuals on the effects/potential benefits of and in the administration of the medication. Specific pharmacies were identified to store and dispense the medication, and governance arrangements for the management of controlled drugs were put in place. 15 individuals chose to switch and were initially stabilised on a weekly injection before switching to the monthly injection. Nurse led clinics now run monthly in different locations to allow easy access for individuals across the East Renfrewshire area. East Renfrewshire is also the first service to have nurses administering the Injectable Buprenorphine instead of the prescriber, with the medical officer continuing to review their care. Nine individuals currently remain on the treatment, many of whom are reporting feeling well and experiencing the benefits Injectable Buprenorphine treatment offers. For example, with no requirement for daily medication and daily attendance at a community pharmacy, this allows more flexibility to engage in volunteering, paid employment, education and recovery based activities that lead to a more satisfying and fulfilling life. A second roll out of this was postponed due to impact of Covid and is planned for the end of the year.

In September 2020, East Renfrewshire Health and Social Care Partnership began testing a new service providing peer support to individuals recovering from mental health issues or alcohol or drug related issues. Peer support is based on the idea that working with someone with a similar experience can inspire hope and show that recovery is possible. The service is delivered by Penumbra, a leading organisation in employing people with lived experience of mental health and recovery to support others. The service has been well-received with two peer workers supporting 28 individuals. Early feedback is extremely positive - from teams referring to the service, peer workers and individuals receiving support. The main differences for individuals at this early stage include building a positive relationship with a peer worker, feeling supported and able to think about their goals for recovery, and we are seeing increases in confidence and self-esteem. The service has now been expanded with the addition of a further peer worker with specific experience of alcohol and drugs recovery while ensuring that this is a key part of the service offered to individuals in recovery from alcohol or drugs, or mental health.

“It’s been absolutely excellent. She’s tried to guide me through - it’s definitely working. She has shared her own experiences with me. Everything is so much better now, so much clearer. It’s been invaluable to me.” Peer support service user

“Seeing other people’s lives and where they’ve made changes in their lives, I can look back at my own life and see where I can make changes.” Peer support service user

Routine assessment appointments are offered over the telephone unless the individual specifically wants to be seen face to face or there are more complexities identified in the referral that the service would want to see the individual face to face. Home visit assessments are also offered if there is a need identified for this. All opiate referrals are routinely given a timely face to face joint assessment with the specialist medical officer and duty worker to reduce any duplication and increase speedier access to medication assisted treatment. Ongoing appointments are a mix of telephone, face to face and home visits – prioritised by complexities, risks and needs.

All new referrals are processed through the duty system, with urgent cases being prioritised. The service is meeting the waiting times target of 90% of individuals accessing treatment within 21 days. The service started using the new DAISy database from 1 April 2021.

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	<input checked="" type="checkbox"/>
Inpatient alcohol detox	<input checked="" type="checkbox"/>
Alcohol hospital liaison	<input type="checkbox"/>
Access to alcohol medication (Antabuse, Acamprase etc.)	<input checked="" type="checkbox"/>
Arrangements for the delivery of alcohol brief interventions in all priority settings	<input type="checkbox"/>
Arrangements of the delivery of ABIs in non-priority settings	<input type="checkbox"/>
Other – Please provide details	<input type="checkbox"/>

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 checked="" type="checkbox"/>	<input type="checkbox"/>
Public sector	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>

3.7 Please give details on how services were Quality Assured including any external validation e.g. through care inspectorate or other organisations? (max 300 words)

The Alcohol and Drugs Partnership reported on performance through local arrangements for East Renfrewshire Outcome Delivery Plan. Waiting times performance reported through Scottish Drug Misuse Database. There were no external reviews or inspections during 2020-21.

Thank you for completing the recent Scottish Government ADP Pathways Survey, which gathered data for 2019/20. The following questions look to gather the same data for 2020/21.

3.8 Were there pathways for people to access residential rehabilitation in your area in 2020/21?

- Yes
No

Please give details below (including referral and assessment process, and a breakdown between alcohol and drugs referrals) (max 300 words)

A care pathway is in place to ensure that residential rehabilitation is the most appropriate course for the individual, based on in-depth discussion with individuals about their desired outcomes and which residential rehabilitation facilities will best suit based on their offering and approach. Residential is considered when all community treatment options are proving. The care pathway includes the following steps (not exhaustive list): (i) Care Plan Review carried out by allocated worker and service user; (ii) ensure community approach fully explored and tested; (iii) explore the available routes for hospital admission, through alcohol and drugs, mental health etc.; (iv) financial assessment. Comprehensive plans are made for return to the community following rehabilitation.

3.9 How many people started a residential rehab placement during 2020/21? (if possible, please provide a gender breakdown)

Numbers currently being confirmed for Public Health Scotland return.

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

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

For people with lived experience:

Feedback/ complaints process

- | | | |
|--------------------------------------|-------------------------------------|-------------------------|
| Questionnaires/ surveys | <input checked="" type="checkbox"/> | |
| Focus groups / panels | <input checked="" type="checkbox"/> | |
| Lived/living experience group/ forum | <input checked="" type="checkbox"/> | |
| Board Representation within services | <input type="checkbox"/> | |
| Board Representation at ADP | <input type="checkbox"/> | |
| Other | <input checked="" type="checkbox"/> | Peer Research Programme |

Please provide additional information (optional)

The Advocacy Project have been undertaking work on behalf of the East Renfrewshire Alcohol and Drugs Partnership to set up a lived experience panel. This work has included identifying individuals who wish to be involved, by promoting the opportunity through local services and via social media. The Lived Experience Panel is at an early stage and those who get involved will be supported through capacity building to shape the role of the Panel and work with the ADP. A peer research programme was established during 2020-21, and six peer researchers completed the training programme and the first study on experiences of OST is at draft report stage.

For family members:

- | | | |
|--------------------------------------|-------------------------------------|-------------------------|
| Feedback/ complaints process | <input checked="" type="checkbox"/> | |
| Questionnaires/ surveys | <input checked="" type="checkbox"/> | |
| Focus groups / panels | <input checked="" type="checkbox"/> | |
| Lived/living experience group/ forum | <input checked="" type="checkbox"/> | |
| Board Representation within services | <input type="checkbox"/> | |
| Board Representation at ADP | <input type="checkbox"/> | |
| Other | <input checked="" type="checkbox"/> | Peer research programme |

Please provide additional information (optional)

Detail above also for family members

3.11 Had the involvement of people with lived/ living experience, including that of family members, changed over the course of the 2020/21 financial year?

- | | |
|--------------------|-------------------------------------|
| Improved | <input checked="" type="checkbox"/> |
| Stayed the same | <input type="checkbox"/> |
| Scaled back | <input type="checkbox"/> |
| No longer in place | <input type="checkbox"/> |

Please give details of any changes Peer research programme and lived experience panel as described above are new approaches that weren't in place prior to 2020-21. Still in early development stages and expect further improvements in 2021-22

(max 300 words)

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

- | | |
|-----|-------------------------------------|
| Yes | <input checked="" type="checkbox"/> |
| No | <input type="checkbox"/> |

Please give details below (max 300 words)

The peer research programme offered opportunities as peer research volunteers, with six taken up in 2020-21 and further opportunities into 2021-22. The peer support service, described in section 3.4, employed two peer workers during 2020-21.

People access interventions to reduce drug related harm

3.13 Which of these settings offered the following to the public during 2020/21? (mark all that apply)

<i>Setting:</i>	<i>Supply Naloxone</i>	<i>Hep C Testing</i>	<i>IEP Provision</i>	<i>Wound care</i>
Drug services Council	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drug Services NHS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drug services 3rd Sector	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Homelessness services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Peer-led initiatives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community pharmacies	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
GPs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
A&E Departments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Women's support services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family support services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Justice services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mobile / outreach services	<input checked="" 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

3.14 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)

Our approach to ROSC is focused on: the breadth of psycho-social interventions offered together with medical intervention to achieve the best outcomes with individuals. Provision of mutual aid and peer support groups; strengths based assessment model; naloxone provision; a recovery service and family support service as part of provision. Support to the recovery community; the promotion of choice in the provision of Medication Assisted Treatment. RCA Trust are a member of our partnership and provide tenancy based support services to individuals in their treatment and recovery. In 2020, we have welcomed housing and employability services to the ADP, recognising the importance of access to housing and employment opportunities in supporting individual's recovery from alcohol and drugs, as well as adding peer support for recovery as part of the formal service.

3.15 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)

There is an NHS Greater Glasgow and Clyde Interface Protocol in place between Mental Health and Alcohol and Drugs Services.

Is staff training provided (dual diagnosis)?

Yes

No

Please provide details (max 300 words)

Have mental health services requested Naloxone following updated guidelines from the Lord Advocate?

Yes

No

Please provide details (max 300 words)

The recovery community achieves its potential

3.16 Were there active recovery communities in your area during the year 2020/21?

Yes

No

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

Yes

No

3.18 Please provide a short description of the recovery communities in your area during the year 2020/21 and how they have been supported (max 300 words)

PARTNER (People Achieving Recovery Together Now in East Renfrewshire) formed in 2011-12 and group members support one another in their recovery through a SMART Recovery Model. PARTNER received ADP funding to support running costs to resume face-to-face meetings. Scottish Recovery Consortium were engaged to identify any support needs of PARTNER during the pandemic however the group were not in a position to take up support. The group are continuing to meet as a small group and are aware of support available and we continue to encourage uptake of that support, while we identify wider needs in the community.

A trauma-informed approach is developed

3.19 During 2020/21 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)

All staff are trained in core skills psychological therapy approaches and some staff have been trained in Trauma Informed Approaches. East Renfrewshire HSCP is taking forward a commitment for significant staff capacity building programme to ensure a trauma informed workforce across all services. Staff from across the HSCP have been seconded into a team to drive this. Leadership level training has taken place and we await detail on timescales and roll out plan.

An intelligence-led approach future-proofs delivery

3.30 Which groups or structures were in place to inform surveillance and monitoring of alcohol and drug harms or deaths? (mark all that apply)

- Alcohol harms group
- Alcohol death audits (work being supported by AFS)
- Drug death review group
- Drug trend monitoring group
- Other Drug Related Death Prevention Working Group, NHSGGC Care Governance Group and SAER Sub Group

A group of partners have been meeting to consider evidence to inform DRD prevention work, ahead of the Drugs Mission funding announcements. As part of the evidence review the group considered a review of DRDs in East Renfrewshire over the period 2018-2020. At team level the Multi-Disciplinary Team Meeting is used to review deaths.

3.21 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. If none, please detail why (max 300 words)

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

3.22 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)

DATIX process is used if the individual is currently accessing the service or if the record has been closed within one year. Depending on nature of the death, there may be a Rapid Review Form or a Severity 4/5 Report. Local arrangements are in place. If required the case will be brought to a Multi-Disciplinary Team discussion. Any learning from the review is brought to the team meeting or to a Boardwide meeting if relevant. A review of drug related deaths in East Renfrewshire over the period 2018-20 was undertaken, shared and discussed at the local drug deaths prevention group, ADP, and the findings are being used to inform investment of Drugs Mission funding

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)

Young people under the age of 25 experiencing significant issues/problems with alcohol and/or substances are supported by East Renfrewshire's Youth Intensive Support Service. Support offered is relational based and trauma informed working alongside the young person. This service supports young people aged 12 and over.

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)

Young people aged 12 up to 25 who are affected by alcohol and/or drug problems by a parent, carer or other adult can be supported by the Youth Intensive Support Service and by the Community Social Work Team. Children aged 12 and under can be supported by the Community Social Work Team and by the Intensive Family Support Team. Support offered will vary depending on each child's circumstance but will be relational in approach and may include diversionary activities, forms of groupwork or individual counselling approaches.

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)

An ADP representative attends the Improving Outcomes for Children and Young People Partnership and participates in planning processes, particularly around education and prevention work focused on children and young people and children affected by parental harmful drug or alcohol use.

4.4 Did services for children and young people, with alcohol and/or drugs problems, change in the 2020/21 financial year?

Improved

Stayed the same

Scaled back

No longer in place

Please provide additional information (max 300 words)

Click or tap here to enter text.

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 2020/21 financial year?

Improved

Stayed the same

Scaled back

No longer in place

Please provide additional information (max 300 words)

An intensive Family Support Service was set up within Children and Families Social Work during 2020-21, which supports a number of families whose needs stem from parental alcohol and / or drug related harm.

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

- Yes
- No

Please provide details (max 300 words)

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

4.7 Did services for adult family members change in the 2020/21 financial year?

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

Please provide additional information (max 300 words)

Click or tap here to enter text.

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 type="checkbox"/>	<input type="checkbox"/>
Social Activities	<input type="checkbox"/>	<input type="checkbox"/>
Personal Development	<input type="checkbox"/>	<input type="checkbox"/>
Advocacy	<input type="checkbox"/>	<input type="checkbox"/>
Support for victims of gender based violence	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Other <i>(Please detail below)</i>	<input type="checkbox"/>	<input type="checkbox"/>

Please provide additional information (max 300 words)

Click or tap here to enter text.

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)

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

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
- Upon release, access available to non-fatal overdose pathways?
- Other Please provide details

Please provide details (max 300 words)

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

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)

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

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

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

b) Upon release from prison

Prison Health Care staff liaise with relevant community services/staff from both statutory and third sector agencies to ensure continuity of care and treatment for individuals with drug and alcohol concerns. This can include Medication Assisted Treatment, medicine management, recovery services, family support, peer support and formalised counselling on release from prison. Liaison with community prescribers to ensure continuity of treatment for any physical and/or mental health needs. Where patient consent has been agreed family members can be included in the provision of these throughcare arrangements for people returning to East Renfrewshire. An opportunity has been identified to create links between peer research and peer support work in East Renfrewshire with the development of a peer mentoring approach across the three prisons in Greater Glasgow and Clyde that will provide opportunities for individuals preparing to leave prison to gain skills and qualifications. We continue to work on these areas for development.

6. Equalities

Please give details of any specific services or interventions which were undertaken during 2020/21 to support the following equalities groups:

Across the HSCP there is universal access to services. Alcohol and drugs services are person-centred and initial referral assessments explore individual's needs and how they can be best supported to participate in their treatment and recovery. An equality impact assessment of alcohol and drugs services was undertaken in 2016. Equality impact assessment work was undertaken as part of the development and implementation of the Strategic Plan which we intend to develop further with a lived experience panel. Local HSCP feeds directly to and from NHSGGC Care Governance Committee and the Person Centred and Equalities Sub Group.

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

No specific interventions to report

6.2 People with physical disabilities

No specific interventions to report

6.3 People with sensory impairments

No specific interventions to report

6.4 People with learning difficulties / cognitive impairments.

No specific interventions to report. The Community Addiction Team links directly with the sensory impairment officer within the council for additional supports as required

6.5 LGBTQ+ communities

No specific interventions to report

6.6 Minority ethnic communities

Through the NHS Board there is access to translation and interpretation services where required.

6.7 Religious communities

No specific interventions to report

6.8 Women and girls (including pregnancy and maternity)

Routine Sensitive Enquiry is embedded into the Addictions Single Shared Assessment to allow the opportunity for any individual to identify and share childhood and/or adult experiences of sexual abuse, sexual assault and trauma. In conjunction with the Violence Against Women Partnership, an audit took place of the completion of Routine Sensitive Inquiry in local alcohol and drugs services to ensure that women and girls affected by domestic abuse are identified and referred to appropriate support. The audit demonstrated that robust arrangements are in place for RSI and onward referrals to MARAC and other supports where appropriate.

II. FINANCIAL FRAMEWORK 2020/21 (FIGURES CURRENTLY BEING COMPILED)

Your report should identify all sources of income (excluding Programme for Government funding) that the ADP has received, alongside the funding that you have spent to deliver the priorities set out in your local plan. It would be helpful to distinguish appropriately between your own core income and contributions from other ADP Partners. It is helpful to see the expenditure on alcohol and drug prevention, treatment & recovery support services as well as dealing with the consequences of problem alcohol and drug use in your locality. You should also highlight any underspend and proposals on future use of any such monies.

A) Total Income from all sources

Funding Source (If a breakdown is not possible please show as a total)	£
Scottish Government funding via NHS Board baseline allocation to Integration Authority	528,214
2020/21 Programme for Government Funding	121,511
Additional funding from Integration Authority	0
Funding from Local Authority	153,416
Funding from NHS Board	263,050
Total funding from other sources not detailed above	0
Carry forwards	191,077
DDTF: 6 evidence based priorities and residential rehab allocation	76,712
Other	0
Total	1,333,980

B) Total Expenditure from sources

Prevention including educational inputs, licensing objectives, Alcohol Brief Interventions	0 ¹
Community based treatment and recovery services for adults	987,914 ²
Inpatient detox services	0
Residential rehabilitation services	7,800
Recovery community initiatives	50,862
Advocacy Services	0 ³
Services for families affected by alcohol and drug use	49,950 ⁴
Alcohol and drug services specifically for children and young people	0 ¹
Community treatment and support services specifically for people in the justice system	0
Other (total ADP earmarked reserves balance)	191,077 ⁵
DDTF balance earmarked for 2021-22 spend	38,577 ⁵
Total	1,333,980

¹ While no monies allocated specifically from ADP to children and young people's services, these are funded through wider HSCP budgets (such as children and families social work). Likewise for prevention activities.

² This total includes services that support adult family members and people within the justice system with alcohol/drug harm

³ The HSCP has an advocacy contract in place with a third sector partner and alcohol and drugs services are specifically included in this. The costs of this are met from another budget and are not apportioned.

⁴ The HSCP (children and families social work) also provides intensive family support where there is parental harmful alcohol and / or drug use. The costs of this are met from another budget and are not apportioned here.

⁵ The ADP has agreed in principle an investment plan to spend reserves, and the DDTF reserves are already earmarked.

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
- 2020/21 Programme for Government Funding

Yes

No

Please provide details (max 300 words)

Agreed in partnership with ADP but there is not always a requirement for IJB approval

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)

There is information sharing where appropriate / relevant but not an approval process

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