

East Renfrewshire Alcohol and Drugs Partnership

Interim Terms of Reference (subject to review with ADP partners and lived experience panel)

Prepared May 2022

Introduction

1. This document sets out the Terms of Reference for the Alcohol and Drugs Partnership (hereafter referred to as 'the Partnership') which will provide leadership and governance around reducing drug and alcohol related harms in East Renfrewshire.

Review Period

2. The Terms of Reference are valid from September 2022. The terms of reference will be reviewed on an annual basis, or at any other time a requirement to review is identified.

Terms of Reference

3. The functions of the Partnership are to:
- i. Have a clear understanding of the current national and local context, performance, challenges, service demand and activity, issues and risks across alcohol and drugs services and within communities
 - ii. Provide leadership and governance over the development, implementation and monitoring of a comprehensive, evidence based alcohol and drugs strategy for East Renfrewshire, to reduce drug and alcohol related harms including prevention of drug related deaths
 - iii. Ensure that the voice of lived and living experience influences the priorities of the Partnership and the design and delivery of local services
 - iv. Provide leadership and governance over the delivery of national expectations including the national Drugs Mission to reduce drug related deaths and the implementation of Medication Assisted Treatment Standards
 - v. Oversee the investment of resources specifically allocated to the East Renfrewshire Alcohol and Drugs Partnership, including the Drugs Mission and Programme for Government funding streams and develop plans for earmarked reserves
 - vi. Monitor the delivery of alcohol and drug outcomes and achievement of targets including waiting times and substance use treatment targets
 - vii. Ensure coordination with health board-wide structures and governance arrangements
 - viii. Prepare and collate local responses to national and other consultation exercises.
 - ix. Direct the work of any sub-groups and working groups of the Partnership, such as the Drug Related Death Prevention Working Group

- x. To implement the arrangements required to meet the expectations of the COSLA and Scottish Government Recommendations for Alcohol and Drug Partnerships, published in September 2021
- xi. Consider new legislation, policy developments and strategic frameworks in relation to alcohol and drugs and provide clear guidance on how these requirements will be implemented locally

Frequency of Meetings and Administrative Arrangements

4. The Partnership will meet on a quarterly basis, and meetings will take place on Microsoft Teams for the time being. Agendas and reports will be circulated one week in advance. Pre-agenda meetings will take place between the Partnership Chair and ADP Co-ordinator (role undertaken by Lead Planner, Recovery Services) at least two weeks prior to each meeting. Members of the Partnership will be invited to propose agenda items at least two weeks prior to the meeting date and can suggest agenda items at any time prior to this. In the event of a member being unable to attend the ADP, apologies for absence should be sent to the ADP Co-ordinator.

Core Membership

5. The core membership of the Partnership is comprised of representatives from:

- East Renfrewshire Health and Social Care Partnership (including Alcohol and Drugs Services, Criminal Justice, Children and Families Social Work, Mental Health and Finance)
- East Renfrewshire Council (including Education, Community Learning and Development, Housing, Employability Services, Licensing)
- NHS Greater Glasgow and Clyde
- East Renfrewshire Lived Experience Panel
- Penumbra
- Police Scotland
- RCA Trust
- Scottish Drugs Forum
- The Advocacy Project
- Turning Point Scotland

6. The Lived Experience Panel will be supported in a range of ways to participate in the meetings and the wider work of the Alcohol and Drugs Partnership. This will include pre-meetings with the ADP Chair and/or ADP Co-ordinator and establishing links with other ADP partners. The Partnership will support the Lived Experience Panel in continuing to design their group, role, priorities and how they wish to be involved.

7. Named representatives from the above areas will be sought along with named substitutes to ensure representation at all meetings.

Partnership Member's Roles and Responsibilities

8. Core members will commit to:

- Attending all scheduled meetings of the Partnership, or a named substitute if necessary
- Sharing/cascading information within their partner organisation as appropriate
- Bringing forward detail of service developments within their organisation, up-to-date data and performance information that are relevant to the Partnership
- Progressing actions agreed at the Partnership and reporting back
- Contribution of time, personal expertise and enthusiasm to ensure the effective operation of the Partnership
- Contribute to the Partnership in an open and honest manner and help to develop trusting open and constructive relationships with other members
- Have a detailed understanding of the alcohol and drugs agenda, how this fits in with their organisation and is of significant seniority to act and make decisions on behalf of their organisation
- Participating fully in decision making by the Partnership by fully considering the available information and providing detail of the impact on or contribution of their service area

Alcohol and Drugs Partnership Operating Context

8. The national expectations of Alcohol and Drug Partnerships and local services are set out in a wide range of national strategies and plans:

- Rights Respect and Recovery
- Alcohol Framework
- Drugs Death Task Force
- National Drugs Mission
- Residential rehabilitation national working group
- Lived Experience National Collaborative Road map
- Medication Assisted Treatment Standards
- Others as introduced at national level

9. The work of the Partnership will be informed by a schedule of priorities across the year including:

- Strategic planning timescales, such as new delivery plans or contributions to other plans
- Performance reporting timescales
- Reporting on delivery and implementation of alcohol and drugs priorities and services
- Financial reporting deadlines
- Data publications (e.g. drug and alcohol related deaths, deaths by suicide)

10. Core alcohol and drugs services are delivered locally by:

- East Renfrewshire Health and Social Care Partnership Community Addictions Service
- RCA Trust – housing based support

- Penumbra – peer support and peer navigator services
- Turning Point Scotland – overdose response service

11. This is supported by a range of services that offer support to people affected by alcohol and drug harms as well as the wider population such as social work services, employability, housing, money advice and rights and advocacy services.

12. The role of the Partnership should include reflecting, recognising and enhancing the joint and shared work across adult services and children and families (an example being addictions services support to parents and children and families' social work support to children, with strong working relationships across both services).

Governance Links and Reporting

13. Local reporting links will include:

- Integration Joint Board as required on strategy development and delivery and progress on delivery of national expectations including targets
- East Renfrewshire Chief Officer's Public Protection Group on reducing alcohol and drug related deaths and harms
- Feed into the work of HSCP Strategic Planning Group and other relevant partnerships (such as the Violence Against Women Partnership, Community Justice Partnership, Improving Outcomes for Children and Young People and East Renfrewshire Community Planning Partnership)

14. At GGC level:

- Representative(s) of the Partnership will attend the Boardwide Alcohol and Drugs Services meeting, Mental Health Strategy Programme Board and NHS Greater Glasgow and Clyde Alcohol and Drugs Partnership Forum (made up of ADP Chairs and Coordinators from the six HSCPs that make up the Greater Glasgow and Clyde health board area)

15. At national level:

- The ADP Co-ordinator, or other ADP representatives as appropriate) will attend national networks, information sessions and working groups as required and invite Partnership members or service leads as appropriate
- The Partnership will sign off on national submissions as required, either within meetings or electronically, dependent on the timescales involved