Borders Alcohol and Drugs Partnership (ADP)

Delivery Plan 2015-2018

action on drugs+alcohol BORDERS

CONTENTS

1 INTRODUCTION

This Delivery Plan is informed by our 5 year 2015-20 strategy[1] which was developed in consultation with key stakeholders including service users, colleagues and young people. It builds on the work done in Borders by the ADP, services and wider stakeholders.

Our ADP Strategy 2015-20 lists four key strategic aims and specific actions associated with the aims:

1. Reducing prevalence of alcohol and drug use by 5% by 2020 through prevention and early intervention
2. Reducing alcohol and drugs related harm to children and young people
3. Improving recovery outcomes for service users and reduce number of deaths from accidental drug use to fewer than 4 or less per year by 2020
4. Strengthening partnerships and governance structures

The Strategy also lists six recommendations for action within its first year.

This Delivery Plan structure is based on guidance from the Scottish Government and we are grateful for the help received in its development. It outlines progress and work planned in relation to Government and ADP priorities before providing a performance framework based on the key aims from our Strategy and Core ADP Outcomes.

2 ADP PARTNER ORGANISATIONS

Borders ADP is made up of representatives from the following organisations:

- NHS Borders (Public Health, Mental Health, NHS Borders Addiction Service, Borders General Hospital)
- Scottish Borders Council (Elected Members, People Department, Safer Communities Team)
- Police Scotland
- Drug and Alcohol Third Sector Organisations

It is currently chaired by the Chief Social Work Officer for Scottish Borders Council.

[1] Borders ADP Strategy 2015-2020, ww.badp.scot.nhs.uk

3 GOVERNANCE AND FINANCIAL ACCOUNTABILITY ARRANGEMENTS

3.1 Governance

A short Performance Scorecard is presented quarterly to the ADP Executive Group and then to the ADP. This includes data relating to service performance, service user outcomes and progress towards HEAT standards.

Our Annual Report is submitted and approved by the Community Planning Partnership.

It is anticipated that regular reporting will be submitted to the Integrated Joint Board (IJB) of the Health and Social Care Partnership. These processes are still to be confirmed locally.

3.2 Financial accountability

The ADP oversees the annual ADP budget. Operational management of the budget rests with the ADP Executive Group which receives quarterly finance reports which are then submitted to the ADP.
It is anticipated that financial monitoring will also be required by the IJB.

4 MINISTERIAL AND ADP PRIORITIES

This section outlines progress to date and work planned to deliver on particular priorities.
Our Annual Report is submitted and approved by the Community Planning Partnership.

4.1 Development of Recovery Orientated Systems of Care (ROSC)

During the lifetime of Borders ADP 2012-15 Delivery Plan the following key activities were undertaken to develop and implement a ROSC:

- Investment Review and commissioning of services to deliver on a 'future model' informed by ROSC (in place from May 2014)
- A Strategic Workforce Development Project (see 4.3)

Although there has been considerable work done as reported elsewhere[2], the ADP has classified the local ROSC as 'in development'. This is because we believe there is still work to do. In particular our 2015-20 strategy outlines the following six priorities for action in 2015/16:

[2] Borders ADP Annual Report, 2012-13, http://www.badp.scot.nhs.uk/home

1. Develop a communication plan for stakeholders and the wider public with appropriate messages re: alcohol and drugs and services available
2. Provide learning opportunities for children's social work services and adult alcohol and drugs services to increase understanding of the impact of recovery on families and children
3. Implement a model to support young people to build skills and knowledge relating to alcohol and drugs
4. Explore potential increased links with staff engaging with Looked After and Accommodated Children
5. Increase post treatment recovery opportunities
6. Ensure involvement of alcohol and drugs services with community justice

4.2 Reducing Drug Related Deaths (DRD)

Our strategy outlines key activities to reduce the number of deaths from accidental drug use to fewer than 4 per year by 2020 as follows:

- Assure process for people with co-morbidity
- Delivery of training in overdose prevention and risk factors for DRD
- Ensure all ADP training includes briefing on DRD
- Improve use of data relating to non-fatal OD
- Identify suitable areas for emergency Naloxone
- Implement Take Home Naloxone (THN) training and supply in pharmacy
- Implement regular reviews re THN with service users e.g. at discharge
- Make proactive contact with bereaved families

These activities will take place over the lifetime of the strategy. The first major piece of work will be a Borders Drug Related Deaths Conference on 3rd September 2015.

4.3 Workforce

In December 2013 STRADA produced a Strategic Workforce Development Plan for Borders to support our local ROSC. A key piece of development work to deliver the plan was to develop a bespoke workforce development programme for specialist alcohol and drugs services; allied services and universal services. This work was undertaken by a multi-agency group led by STRADA.

During 15-16 the final elements of this programme will deliver joint practice development sessions for alcohol and drugs services and gender based violence services.

STRADA will produce an evaluation report from the programme which will inform any required next steps.

The ADP Workforce Development Sub-group is continuing to implement the original strategic plan. It will produce an annual workforce development directory of learning opportunities to support ROSC. The learning opportunities will be available for universal services, allied professionals and drug and alcohol services.

Two new identified areas of work are:

- Providing learning opportunities for children's social work services and adult alcohol and drugs services to increase understanding of the impact of recovery on families and children
- Responding to the local Mental Health Needs Assessment, in particular relating to co-morbidity and mental health

4.4 Opiod Replacement Therapy (ORT)

We have been asked to submit a key aim statement to cover the period of this plan. Having worked with partners to develop key aims for our ADP Strategy we have assessed that our Strategic Aim 3: Improving recovery outcomes for Service Users and reduce number of deaths from accidental drug use to fewer than 4 or less per year by 2020 aligns closely with the recommendations from the ORT Review. In order to align with the reporting for this plan we have agreed the following clause:

Key Aim: Improving recovery outcomes for Service Users and reducing drug related deaths (DRD's) to 4 or less per year by 2020; by 2018 DRDs the three year average for DRD's will have reduced.

Our Annual Reports describe progress towards delivery on the ORT Review. In particular the development of locality 'hubs' are a feature of our developing ROSC. While prescribing in Primary Care is low in Borders, a GP Specialist Role supports the NHS Addictions Service caseload and is able to act as a link to primary care colleagues. In addition, the Primary Care Facilitation Nurse is supported by GP colleagues to deliver home detoxification programmes.

Borders consistently meets the Alcohol and Drugs Waiting Times Standard. NHS Addictions Service is reviewing the number of days between referral, assessment and prescribing to identify if there are any 'hidden' waits e.g. between structured preparatory treatment and delivery.

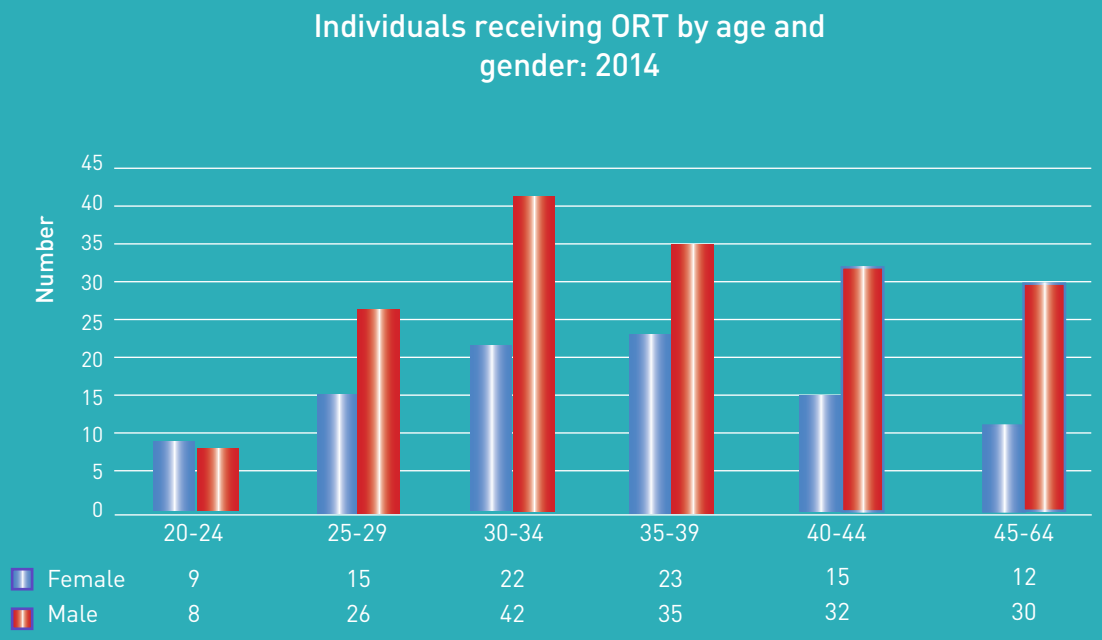
We look forward to clarification of the role of the Accountable Officer for ORT.

Data relating to ORT provision is collated below based on prescriptions dispensed between January 2014 and December 2014 and the patients age is calculated on 1st July 2014. We will reproduce this data on an annual basis to allow us to identify any trend.

1. Number of individuals, males and females receiving ORT

Number of females receiving ORT	96	35.69%
Number of males receiving ORT	173	64.31%
Number of individuals receiving ORT	**269**	

2. Individuals receiving ORT by age band and gender



4.5 New Psychoatctive Substances (NPS)

Borders ADP has established as routine the following mechanisms for increasing knowledge and awareness relating to NPS:

- A multi-agency Drug Trend Monitoring Group (DTMG) with regular meetings to share information relating to NPS. Membership includes Crew, SDF and the STOP (Police Scotland Statement of Opinion) unit. This also provides a mailing list to ensure drug alerts or other information are rapidly disseminated
- Information sharing from acute hospital – a system exists to monitor NPS related attendances and admissions to the Borders General Hospital (BGH)
- Significant investments in NPS training for both targeted and universal staff will continue on a regular basis (four NPS training sessions scheduled for 2015-16)

In 2014-15 the DTMG reviewed local activities against an NPS plan from another area. No new areas of work were identified but during 2015-16 we will identify any local area knowledge gaps.

To date, Borders has not seen the same impact of NPS as other areas however, through the mechanisms outlined above we will remain vigilant to any change in our local areas.

4.6 Whole Population Approach

Alcohol Focus Scotland (AFS)[3] suggests local action to deliver a whole population approach based on Core ADP Outcomes. An overview of work in relation to this briefing is presented below:

Local environment: the ADP Support Team is an active member of the Local Licensing Forum (LLF) and leads on collation of the Borders Alcohol Profile which collates local data relating to alcohol harm and will ensure contribution to the develop of the Licensing Board Policy in 2016.

[3] Alcohol Focus Scotland Briefing: Local implementation of whole population approaches http://www.alcohol-focus-scotland.org.uk/publications/whole-population-approach-briefing.aspx

In February 2015 a survey of LLF members identified training and development needs. A programme to address these needs will be delivered during 2015-16.

During 2015-2017 a new fixed term Alcohol Development Officer (Communities) will use a community development approach to engage with local communities to understand the impact of alcohol locally, develop an action plan in response to this and help feedback to strategic partners on findings.

Prevalence: Alcohol Brief Interventions (ABI's) are being rolled out within all areas in Social Work. Screening and ABI will be built into the assessment process in adult settings. During 2015-17 ABI's will be implemented in Integrated Children's Services, Adult Health and Social Care and Learning Disabilities.

The ADP has committed funding to deliver on a Local Enhanced Service (LES) for delivery of ABI's in Primary Care.

Through Healthy Working Lives employers are supported to adopt workplace policies. The ADP will work with NHS Borders and Scottish Borders Council to review workplace alcohol and drugs policies.

Community safety: data relating to alcohol's harm to others is collected for the alcohol profile via a range of data sources. Qualitative data from communities will be gathered by the Alcohol Development Officer post and will help inform our licensing work.

Children Affected by Parental Substance Misuse (CAPSM) – the Alcohol and Drugs Children and Families Service takes a 'whole family approach' and works closely with the local adult treatment services.

Ongoing work via the Workforce Development Group (see 4.3) will include provision of training to universal and allied services colleagues on CAPSM.

5 CORE AND LOCAL OUTCOMES TO BE ACHIEVED

All ADP's in Scotland must deliver on the Core Outcomes listed below, however, local priorities and outcomes can also be developed.

1. **Health:** people are healthier and experience fewer risks as a result of alcohol and drug use
2. **Prevalence:** fewer adults and children are drinking or using drugs at levels or patterns that are damaging to themselves or others
3. **Recovery:** individuals are improving their health, well-being and life-chances by recovering from problematic drug and alcohol use
4. **Families:** children and family members of people misusing alcohol and drugs are safe, well-supported and have improved life-chances
5. **Community safety:** communities and individuals are safe from alcohol and drug related offending and anti-social behaviour
6. **Local environment:** people live in positive, health-promoting local environments where alcohol and drugs are less readily available
7. **Services:** alcohol and drugs prevention, treatment and support services are high quality, continually improving, efficient, evidence-based and responsive, ensuring people move through treatment into sustained recovery

Our key strategic aims reflect all of these Core Outcomes and set targets for 2020.

The section over the page outlines how we have linked national and local key performance indicators (KPI's) to our key strategic aims and indicated how these read across to the Core ADP Outcomes. We have set interim targets for 2018 which will support delivery of our key 2020 aims and described key development activities to support delivery of these outcomes.

5.1 Core and Local Indicators to enable progress to be measured - performance framework

The following sections present our delivery plans related to each of our four Strategic Aims and seeks to outline relevant data, activities to support delivery of the aim and updated targets from our previous Delivery Plan.

For each aim the following is presented:

i) Core and local indicators relating to that aim

All ADPs report on core outcomes to allow consistency across Scotland. Nationally prescribed core indicators were developed to highlight progress in achieving the ADP Core Outcomes. Data on the core indicators at ADP level are available on the ScotPHO website.[4]

Scottish Borders has a benchmarking 'family'[5] which consists of seven similar local authority areas. These areas are:

- Moray
- Stirling
- East Lothian
- Angus
- Highland
- Argyll and Bute
- Midlothian.

The information below presents a time trend as far as data is available for each core indicator including the following areas (where available):

- Scotland's average
- Benchmarking family average
- Scottish Borders
- Best performing area from benchmarking family for that specific core indicator (where Borders is not the best performing)

Presentation of the benchmarking family average allows a comparison of Borders' performance against average cluster of similar areas and is perhaps more helpful than comparing against individual ADPs.

ii) A short narrative relating to the data to assist interpretation
iii) Key actions to support the strategic aim
iv) A table presenting baseline and targets for each of the indicators

[4] Available at: http://www.scotpho.org.uk/

[5] For further information on Local Government Benchmarking Framework please see link below: http://www.scotborders.gov.uk/info/691/council_performance/1352/local_government_benchmarking_framework

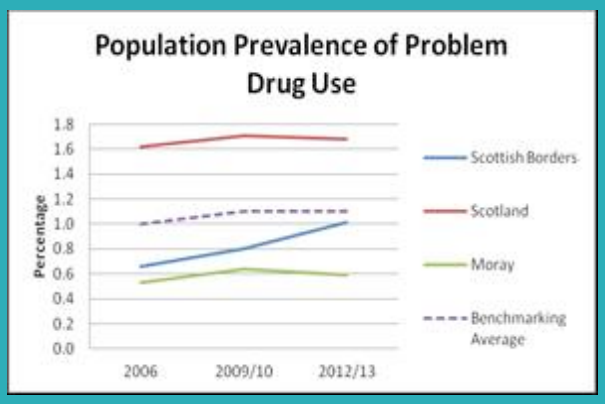
5.1.1 Strategic Aim1: Reducing prevlance of alcohol and drug use in adults by 5% by 2020 through prevention and early intervention

Core ADP Outcomes:

Prevalence: fewer adults and children are drinking or using drugs at levels or patterns that are damaging to themselves or others
Local Environment: people live in positive, health-promoting local environments where alcohol and drugs are less readily available
Community safety: communities and individuals are safe from alcohol and drug related offending and antisocial behaviour

Local data and context

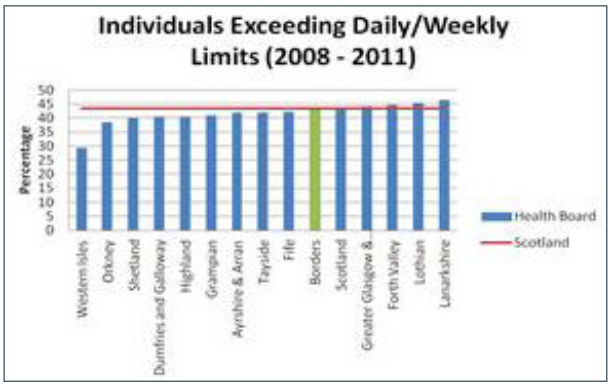
Estimating prevalence of problem drug use in calculated nationally based on data from the following sources:

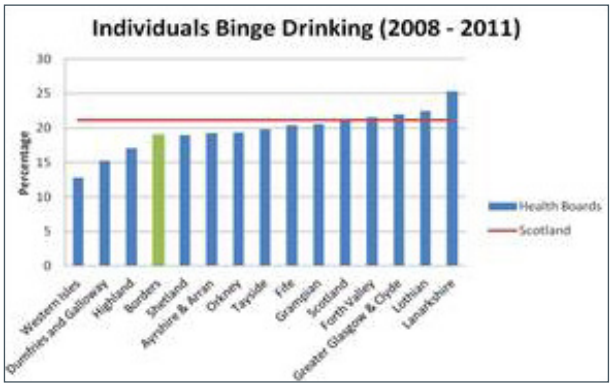


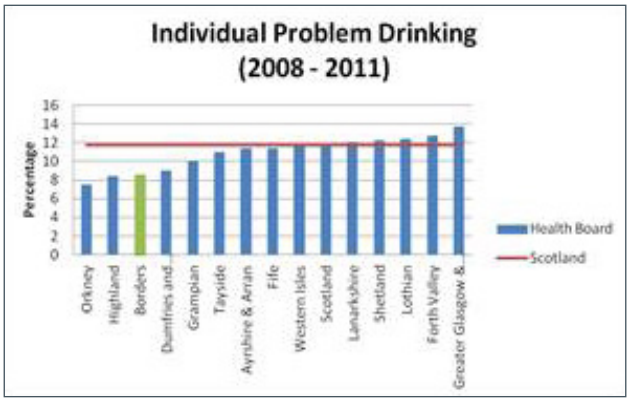
- clients registering with specialist drug treatment services
- drug-related hospital admissions
- police reports to the Procurator Fiscal under the Misuse of Drugs Act (opiates and/or benzodiazepines)
- Criminal Justice Social Work reports mentioning opiates and/or benzodiazepines

Scottish Borders prevalence of problem drug users has increased in each time period while nationally the trend remains stable. The increase between 2009 and 2013 was not noted as statistically significant in the national report. Borders prevalence is lower than the Scotland and benchmarking average. The area within the benchmarking family which has the lowest prevalence of problem drug use is Moray.

Target for 2020: to reduce prevalence by 5%







This data from the Scottish Health Survey is aggregated over four years (2008 – 2011). It is not possible to present trend data for this data item as no other similar data sets are available for previous years. It is also not possible to present benchmarking families as this data is only available at Health Board level.

Updated data is anticipated to be published during 2015-16. Scottish Borders has similar percentages to the Scotland average for individuals exceeding daily/weekly limit, however, Borders has a lower rate of 'binge drinkers' (drinking more than twice the daily limit) and a lower proportion of problem drinkers than Scotland.

In undertaking the survey people identified as current drinkers are presented with the following six statements about problem drinking and to indicate whether it applies to them in the previous three months

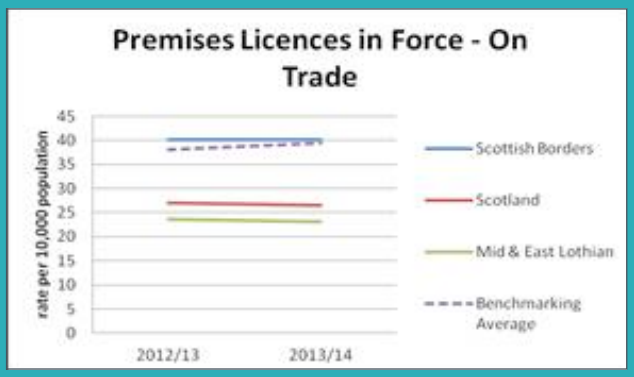
- I have felt that I ought to cut down on my drinking
- I have felt ashamed or guilty about my drinking
- People have annoyed me by criticising my drinking
- I have found that my hands were shaking in the morning after drinking the previous night
- I have had a drink first thing in the morning to steady my nerves or get rid of a hangover
- There have been occasions when I felt that I was unable to stop drinking

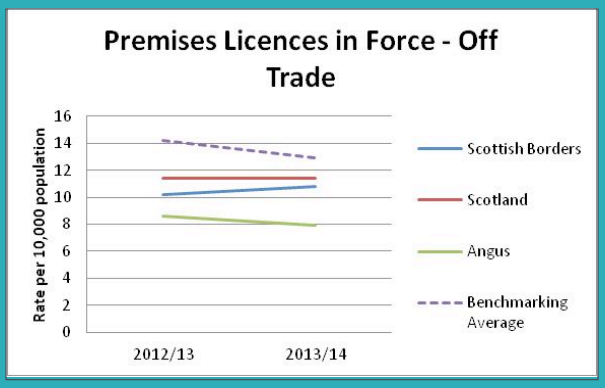
The final three statements are measures of possible physical dependency on alcohol. Agreement with two or more of the six items is indicative of possible 'problem drinking'.

Target for 2020: to reduce prevalence of each of these indicators by 5%

Licensed Premises

Estimating prevalence of problem drug use is calculated nationally based on data from the following sources:





It is difficult to interpret the Premises Licenses in Force data:

- Borders has a large number of small members' clubs which although licensed are often open for very restricted hours. It is not neccessarily helpful to compare such licenses to, for example, large city centre pubs with seven day opening.

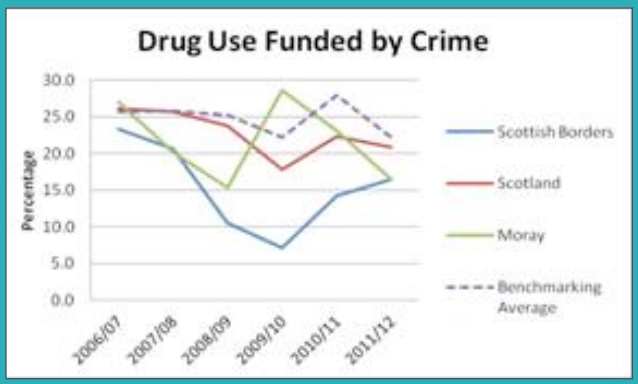
- The number of licensed premises does not indicate how much alcohol is sold, for example, a small cafe with a licensed deli will count as one premise as will a 24 hour large supermarket.

We have voiced our hesitancy regarding using this data for benchmarking purposes and on this basis will not set a target for rates of licenses in force. We will, however, continue to contribute to licensing work as outlined on page 15.

Target for 2020: no target set due to difficulties in interpretation

This indicator is collected via the SMR25a form which is completed by drug treatment services at point of assessment. Completion rates for the SMR 25a nationally are variable (see strategic aim four) therefore some caution should be exercised when comparing areas.

The percentage of individuals accessing drug treatment services who report funding their drug use by crime has increased over previous two years (similar pattern to Scotland). Scottish Borders and Moray are equal best performing areas out of benchmarking family. There is not an obvious trend to this data. It is not necessarily the case that reduction in prevelance will reduce the percentage of people who fund their drug use by crime, however any reduction in prevelance should reduce the absolute numbers of people who commit offences. Based on this there has been no target set.

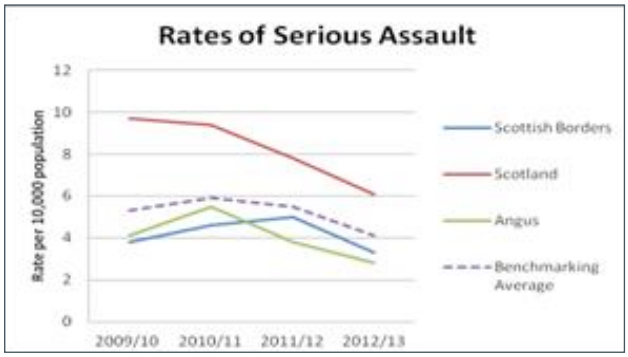


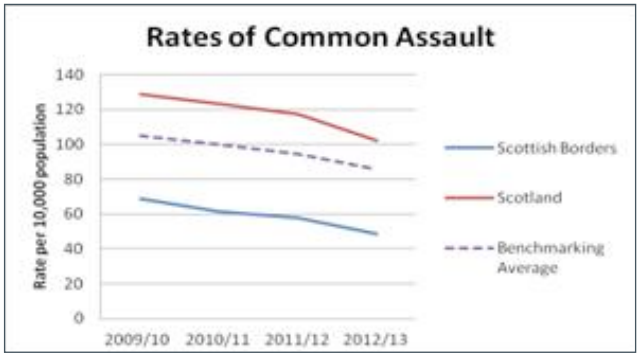
Target for 2020: no target set

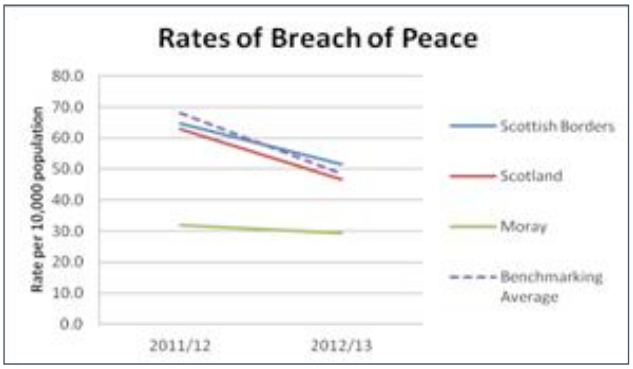
Rates of Crime:

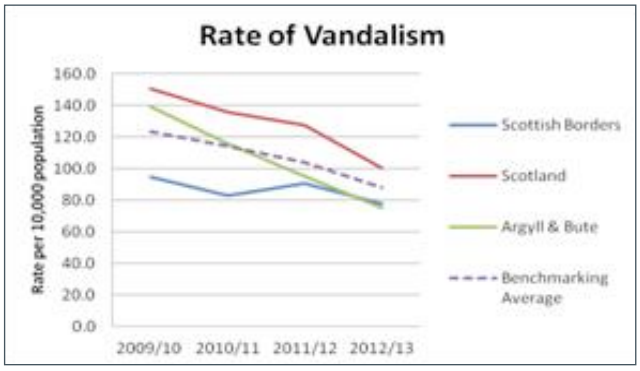
Indicators for serious assault, assault, vandalism and breach of the peace; show a downward trend over the reporting period

For three of the four indicators relating to rates of crime: serious assault, assault and vandalism; Scottish Borders has lower rates than the Scotland and benchmarking average. Scottish Borders is the best performing area for common assault.

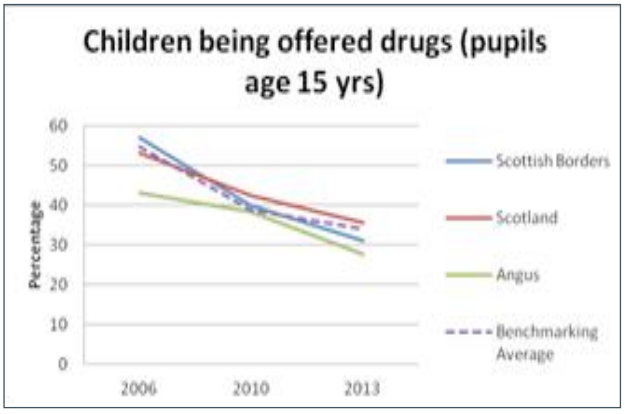








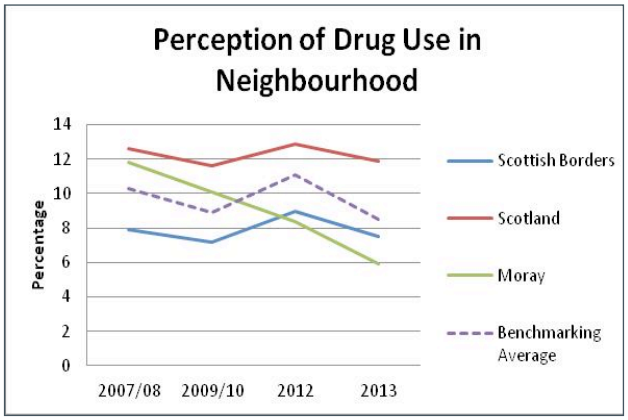
Target for 2020: to reduce prevalence of each of these indicators by 5%



Pupils being offered Drugs:

The percentage of pupils being offered drugs has decreased from 2006 until 2013 and Scottish Borders and is slightly below the Scotland average. The benchmarking average follows a similar trend to Borders. Angus is the best performing area from the benchmarking family.

Target for 2020: to reduce the percentage of children being offered drugs by 5%



Perception of Drug Use in Neighbourhood

This indicator follows a similar trend to Scotland and the benchmarking average. Moray is the best performing area from the benchmarking family which may partially be influenced by the lower prevalence.

Perception of drug use might be influenced by recent news or local events

Target for 2020: to reduce perception of drug use by 5%

Key actions to support Strategic Aim 1: Reducing prevalence of alcohol and drug use in adults by 5% by 2020 through prevention and early intervention
Continue to deliver the ABI delivery target in priority settings and implement ABI's in new social work settings of Integrated Children's Services, Adult Health and Social Care and Learning Disabilities in 2015-16.
Deploy a Development Officer (Communities) to seek community views relating to alcohol in order to develop and deliver a local action plan.
Produce and deliver a Communication Plan for stakeholders and the wider public.
Review NHS Borders and Scottish Borders alcohol and drugs policies and seek to raise awareness of alcohol in the workplace.
Continue to support the Local Licensing Forum (LLF) which oversees operation of licensing legislation by the Licensing Board. During 2015-16 we will work in partnership with the chair of the LLF and Alcohol Focus Scotland to ensure delivery of development sessions to increase skills and knowledge within the LLF. Produce an annual Alcohol Profile for Scottish Borders.
Support work arising from Integrated Care Fund relating to health improvement in older people.
Work with the Alcohol and Drugs Tasking and Co-ordinating Committee (ADTAC) to deliver regular Responsible Drinking campaigns and initiatives. During 2015-2016 we will train licensees and staff working at Rugby Sevens and Borders Festival events in the 'Who Are You' initiative which aims to prevent alcohol related sexual violence.

Core Indicator/Local Indicators	Baseline	Year *most up to date data available*	Short - Medium Target 2018	Target 2020
Prevalence of problem drug users (15 yrs - 64 yrs)	710 (1%)	2012-13	692	675
Individuals exceeding daily/weekly drinking limit	43%	2008 - 2011	42%	41%
Individuals binge drinking	19%	2008 - 2011	18.5	18%
Individuals problem drinking	8.6%	2008 - 2011	No target set	8.5%
Number of Alcohol Brief Interventions Delivered	1803	2014 - 2015	1850	1900
Personal Licenses in force (on/off trade) (number and rate per 10,000 population aged 18+)	On trade: 369 (40.1) Off trade: 99 (10.8)	2013-14	No target set	
Rate of Serious Assault per 10,000 population	3.3	2012-13	3.2	3.1

Core Indicator/Local Indicators	Baseline	Year *most up to date data available*	Short - Medium Target 2018	Target 2020
Rate of Common Assault per 10,000 population	48.8	2012-13	47.6	46.4
Rate of Vandalism per 10,000 population	75.5	2012-13	75.5	73.6
Rate of Breach of Peace per 10,000 population	51.4	2012-13	50.2	48.9
Drug use funded by crime	16.5%	2011-12	No target set	
Perception of drug misuse in neighbourhood	7.5%	2013	7.3%	7.1%
Children being offered drugs (pupils age 15yrs)	30%	2013	29%	28%

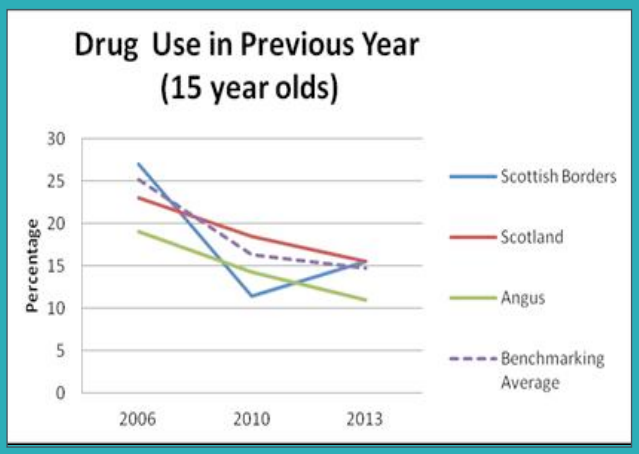
5.1.2 Strategic Aim 2: Reducing alcohol and drugs related harm to children and young people Core ADP Outcomes

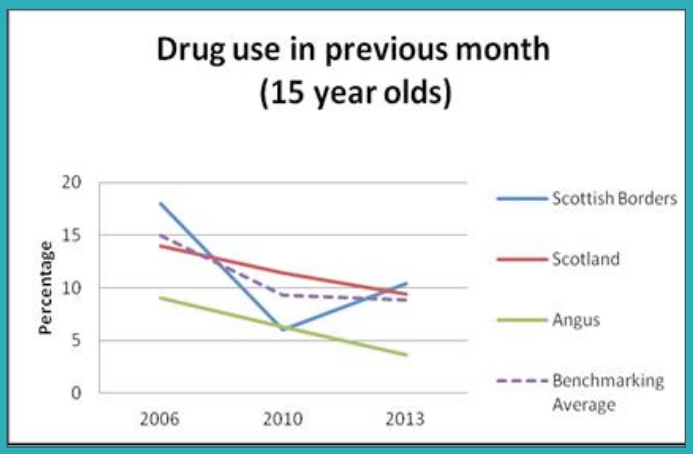
Core ADP Outcomes:

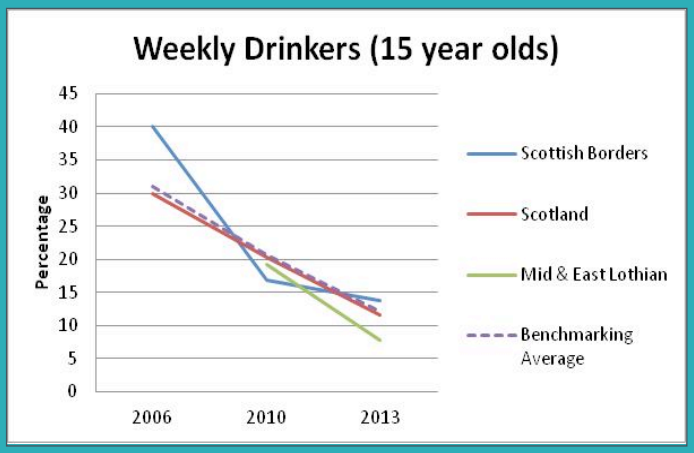
Prevalence: fewer adults and children are drinking or using drugs at levels or patterns that are damaging to themselves or others
Families: children and family members of people misusing alcohol and drugs are safe, well-supported and have improved life-chances

Local data and context: Young people and substance use

This data is collected via the SALSUS study[6] which is performed across Scotland every 2-3 years. 13 and 15 year olds in participating schools complete a questionnaire related to tobacco, alcohol and drug use. For 2013 NHS Borders and the ADP invested in a 'boosted' local sample which led to the total number of participants in the study increasing from 750 in 2010 to 1,706 2013. It may be that the increased number of participants has resulted in more reliable data.







[6] http://www.isdscotland.org/Health-Topics/Public-Health/SALSUS/Latest-Report/

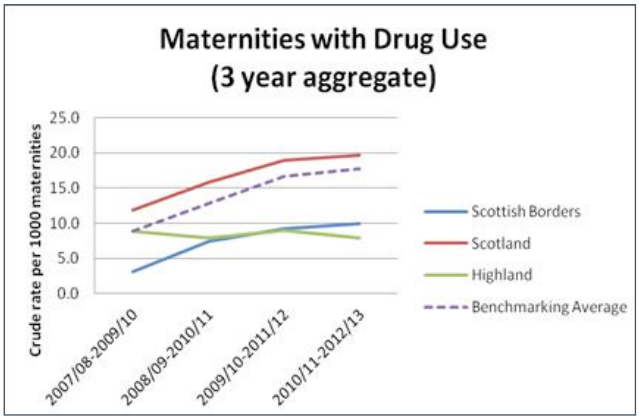
The percentage of 15 year olds reporting drug use in the previous year has increased in most recent data available and above Scotland average but similar to the benchmarking average. A 16% rate of drug use in the previous year equates to 106 respondents.

The percentage of 15 year olds reporting drug use in the previous month has increased between 2010 and 2013 and is above the Scotland and benchmarking average. The trend line for this data item similar to that of drug use in previous year. A 10% rate of drug use equates to 66 respondents so a small number of respondents could significantly affect rates. The best performing area in the benchmarking family was Angus. There is no local intelligence which suggests drug use is increasing in young people in Borders.

The ADP is setting ambitious targets for both alcohol and drug use in 15 year olds as it is of concern that drug use appears to have increased between 2010 and 2013.

Target for 2020: To return drug use to 2010 levels and to reduce the level of weekly drinking in 15 year olds to 10%

Maternities with drug use



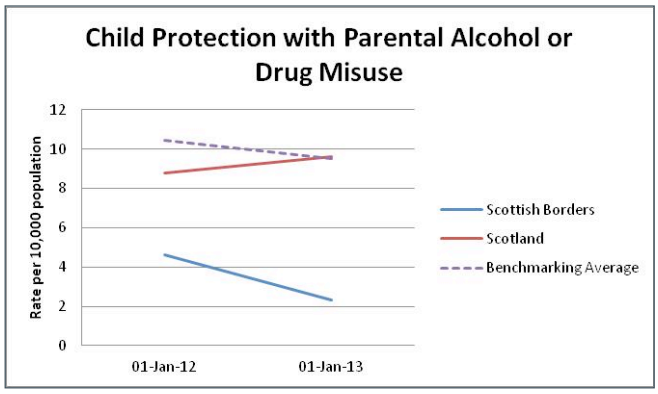
The rate of maternities with drug use over the previous years has increased for Scottish Borders which follows the national pattern however remains below the Scotland rate. The best performing area within the benchmarking family is Highlands.The increase in the trend line may reflect the increase in overall prevalence. In Borders, the low rate of people means that a small number of occurrences can cause peaks and troughs.

If prevalence of drug use in the Borders decreases then the rate of maternities with drug use should also decrease. Due to the low numbers a 5% reduction in this rate makes minimal difference.

Target for 2020: reduce by 5%

Child Protection Case Conferences

Data is only available for this indicator for the previous two years. As at 31st July 2013, the rate of Child Protection Case Conferences for whom parental alcohol or drug misuse was identified on the child protection register was 2.3 per 10,000 under 18 population (decrease on the previous year).



This data is difficult to interpret as the numbers of child protection cases is relatively low. Also, there may be variance in accuracy of recording (e.g. some areas may be more likely to note parental substance use), there may also be variance in the rates per population of children who are on the child protection register.

We have voiced our hesitancy regarding using this data for benchmarking purposes and on this basis will not set a target for rates of Child Protection registrations.

Target for 2020: no target set

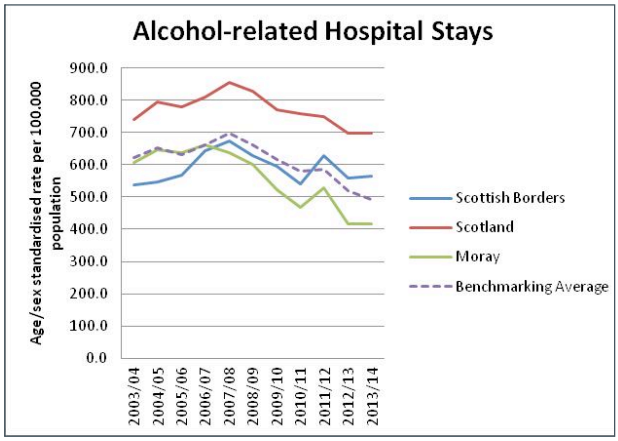
Key actions to support Strategic Aim 2: Reducing alcohol and drugs related harm to children and young people
Providing learning opportunities for children's social work services and adult alcohol and drugs services to increase understanding of the impact of recovery on families and children
Develop information sharing protocols between the Children and Families Service and Social Work.
Work with Education and Lifelong Learning Children and Young People's Services colleagues to develop an online resource for teaching staff and staff and volunteers in young people's settings to ensure ready access to up to date reputable information.
Develop and deliver a programme of CPD opportunities for staff and volunteers in above settings to increase their confidence in delivery of substance misuse education and responding to young people affected.
Review ADP links with Looked After and Accommodated Children.
Work with the Borders Carers' Centre to deliver a Family/Carers engagement event to help shape our response to Carers and Families.

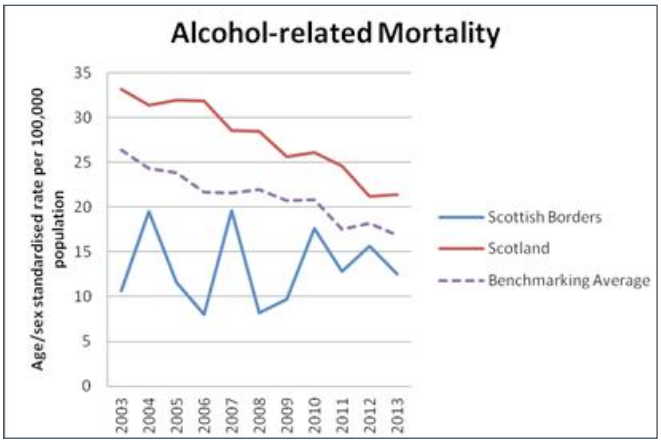
Core Indicator/Local Indicators	Baseline	Year *most up to date data available*	Short - Medium Target 2018	Target 2020
Drug use in last month	10% (70)	2013	9%	6%
Drug use in last year (pupils aged 15yrs)	15.5% (104)	2013	13.5%	11.4%
Weekly drinking (pupils aged 15yrs)	13.9% (95)	2013	12%	10%
Maternities with drug use	9.9 (crude rate per 1000 maternities)	2010 - 2013	9.5	9
Child Protection cases with	2.3%	2013	No Target Set	
% of children attending Children and Families Service who report reduction in alcohol and drugs use	89% (Alcohol) 75% (Drugs)	2014-15	90% (Alcohol) 65% (Drugs) (2015-16	
% of parent attending Children and Families Service who report positive parenting outcomes	100%	2014-15	80% (2015-16)	

5.1.3 Strategic Aim 3: Improve recovery outcomes for service users and reduce number of deaths from accidental drug use to fewer than four per year by 2020

Health: People are healthier and experience fewer risks as a result of alcohol and drug use
Recovery: Individuals are improving their health, well-being and life-chances by recovering from problematic drug and alcohol use

Local data and context





Alcohol-related Hospital Stays:

The rate of alcohol related hospital stays for Scottish Borders is below the Scotland average but over the last three years slightly above the benchmarking average. The trend overtime for Scottish Borders and the best performing bench marking family (Angus) has remained relatively stable.

Hospital admissions appear to have peaked in Scottish Borders and Scotland in 2007-2008. Part of the influence on hospital admissions may reflect the amount of alcohol consumed. Nationally, from 1994 until 2005 the volume of pure alcohol sold in Scotland per adult (aged >16 years) increased, consumption was then broadly stable until 2009 and then declined by 9% until 2013. Nationally, for alcoholic liver disease, there has been an upward trend in new patients presenting to hospital up to 2005/6, and then a decline until 2013, these patients tend to be over 55 and have been drinking over a long period of time.

There appears to be a peak in Scottish Borders in 2010-11. There is no local data which can help with interpretation of this peak.

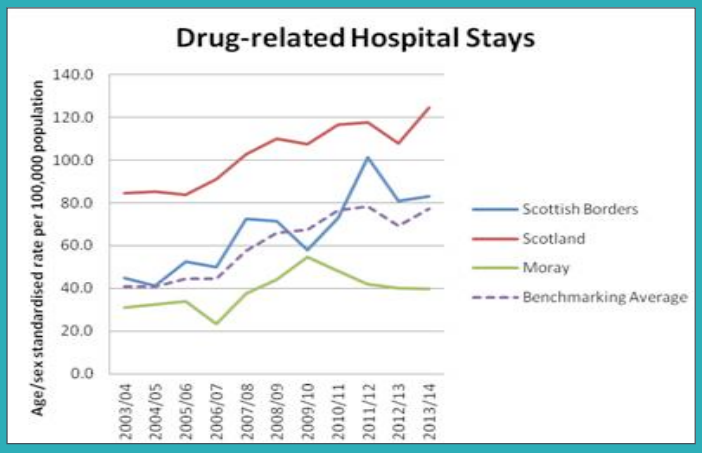
Target for 2020: to reduce rate of hospital stays by 5%

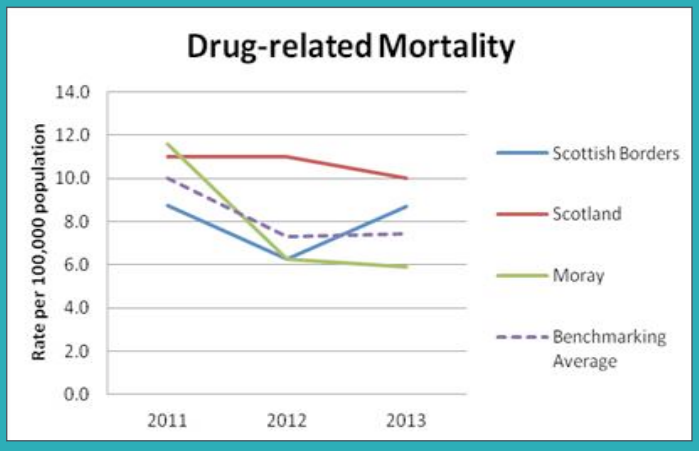
Alcohol-related mortality:

Alcohol-related deaths have been variable for the Scottish Borders over the past ten years. Although nationally the trend for alcohol-related deaths is decreasing overtime, the rate of deaths for Borders is slightly higher in 2013 than 2003 but remains below the Scotland and benchmarking average. In 2013/14, Scottish Borders was the best performing area out of the benchmarking family. As above, alcohol related mortality is linked to long term drinking behaviours and so the impact of recent drinking may be yet to appear.

The national trend broadly mirrors alcohol related hospital stays. In Scottish Borders, the low number of people means that a small number of occurrences can cause dramatic peaks and troughs. Due to this fluctuation it is challenging to set a meaningful target but over time the aim is for this to reduce.
Target for 2020: no target set

7 Monitoring and Evaluating Scotland's Alcohol Strategy, Fourth Annual Report December 2014 available at: http://www.healthscotland.com/documents/24485.asp





Drug-related Hospital Stays:

The trend for Scottish Borders drug related hospitals stays is increasing. It is lower than the Scotland average but slightly higher than the benchmarking average. Moray has the lowest rate and is the best performing area from the benchmarking family.

The number of hospital related stays appears to be tracking upwards. The national estimated prevalence survey[8] shows that the proportion of all male problem drug users that are aged 35 to 64 has increased from 43% in 2009/10 to 51% in 2012/13. As drug users grow older they are more likely to experience concurrent physical and mental health problems. This, alongside the recent increased reported prevalence may account for some of the increase in hospital stays.

Target for 2020: to reduce by 5%

Drug Related Mortality

Scottish Borders rate for drug related deaths is increasing over previous six years however remains below the Scotland average. The rate is above the benchmarking average. The data which supports this indicator is from National Records of Scotland which records both accidental deaths from overdoses and intentional self poisoning using controlled drugs. The ADP does not lead on work to reduce suicides, however, it has set an ambitious target to reduce the number of accidental deaths from drug use to fewer than four per year by 2020, a target on the overall rate has not been set.

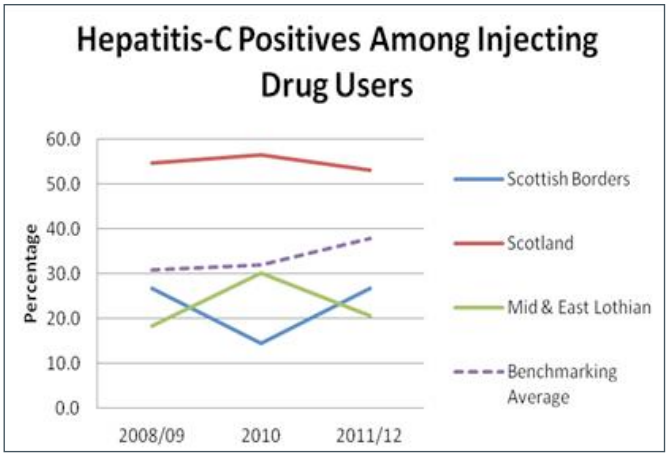
Target for 2020: to reduce number of deaths from accidental drug use to fewer than four per year

[8] http://www.isdscotland.org/Health-Topics/Drugs-and-Alcohol-Misuse/Publications/

Hepatitis C positive among injecting drug use

The percentage of injecting drug users who test positive for Hepatitis C antibody in Scottish Borders remains lower than the Scotland and benchmarking average. The area within the benchmarking family with the lowest percentage was Mid & East Lothian.

This indicator is based on data from the Needle Exchange Surveillance Initiative (NESI) most recently in 2011 which aimed to measure and monitor the prevalence of the Hepatitis C virus (HCV) and injecting risk behaviours among people who inject drugs (PWID) in Scotland. Participants attending injecting equipment provision (IEP) sites completed a short interviewer-administered questionnaire and then provided a voluntary blood spot sample for anonymous testing for HCV. There is no update to this indicator.



All adult alcohol and drugs treatment services in Borders offer Dry Blood Spot testing for HCV. The data below shows the number of tests and rates of positivity for the four complete years of testing. There appears to be an increase in prevalence in local data, however, this remains well below the Scotland and benchmarking average.

Year	Number of tests	Number of positive samples	Prevalence (in those tested)
2010/11	160	16	10
2011/12	196	16	8.16
2012/13	113	13	11.5
2013/14	142	25	17.6

People who have HCV will potentially live for many years and therefore, even if no further transmissions of the virus occurred, the rate of people with HCV will not decrease. We have therefore not set a target for this indicator.

Target for 2020: no target set

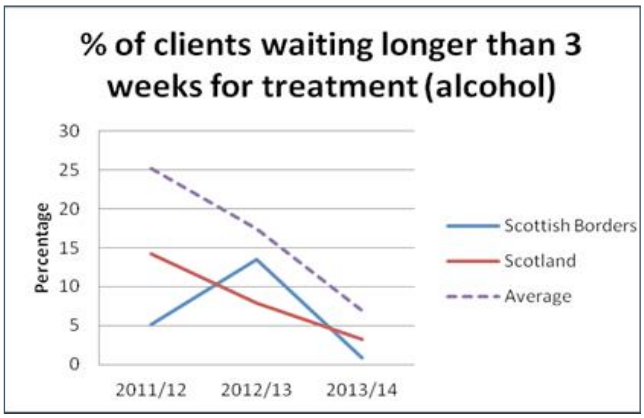
Key actions to support Strategic Aim 3: Improve recovery outcomes for service users and reduce number of deaths from accidental drug use to fewer than four per year by 2020
Provide joint learning opportunities for gender based violence services and alcohol and drugs services to support joint working.
Work with service providers and service users to support implementation of post-treatment recovery opportunities based on the localities within which alcohol and drugs teams are working.
Work with the Scottish Recovery Consortium to plan a further Recovery Conversation Cafe for 2016/17.
Respond to the local Mental Health Needs Assessment to ensure that any issues relevant to DRD/ co-morbidity (i.e. substance use and mental health issues) are addressed by our Workforce Development Sub-Group.
Deliver training in overdose prevention and risk factors for Drug Related Deaths (DRD).
Ensure all ADP training includes briefing on DRD.
Improve use of data relating to non-fatal OD by working with Police colleagues to understand and support addressing of risk factors.
Identify suitable additional areas for emergency Naloxone.
Implement THN Training and supply in pharmacy.
Implement regular reviews re THN with service users e.g. at discharge.
Make proactive contact with bereaved families.

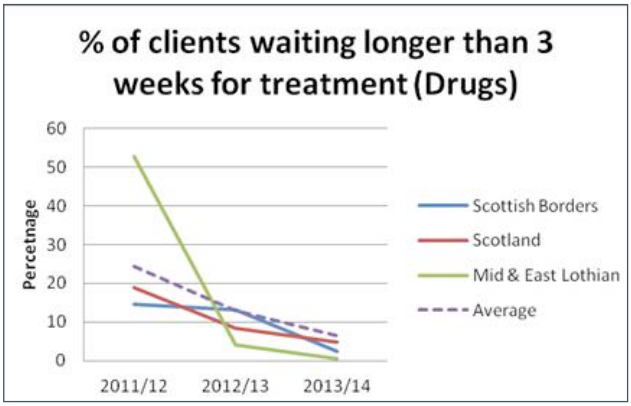
Core Indicator/Local Indicators	Baseline	Year *most up to date data available*	Short - Medium Target 2018	Target 2020
Alcohol related hospital stays	566 (r)	2013-14	552	538
Alcohol related mortality	12.5 (r)	2013-14	No target set	
Drug related hospital stays	82.9 (r)	2013-14	80.9	78.8
Drug related mortality	8.7 (r)	2013-14	No target set on overall	
Deaths from accidental drug use	5	2013	6 per year	4 per year
% of problem drug users (cumulative) with first supply of Take Home Naloxone	38% (273	2013-14	50% by 2018	tbc following 2015 data
Percentage of injecting drug users testing positive to Hepatitic C antibody	26.8%	2011-12	No target set	
Number of treatment support/ recovery group opportunities	112	2014-15	224	272

5.1 Strategic Aim 4: Strenghtening partnerships and governance structures Core ADP Outcomes

Services: Alcohol and drugs prevention, treatment and support services are high quality, continually improving, efficient evidence-based and responsive, ensuring people move through treatment into sustained recovery.

Local data and context





Waiting Times Data

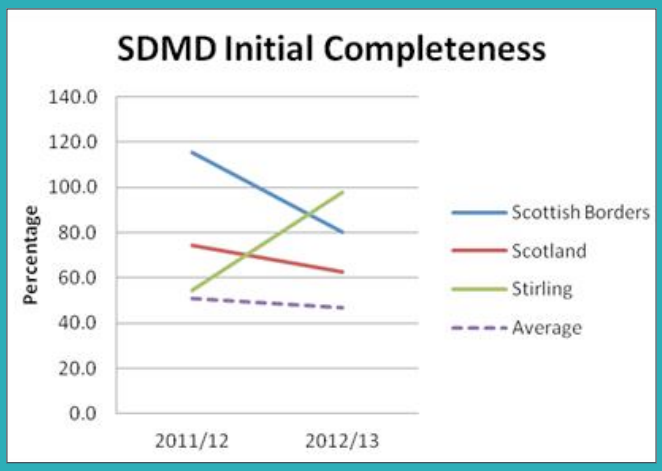
There is a national performance standard for 90% of clients referred to alcohol and drugs services to start treatment within 3 weeks of referral. Locally we operate a 95% standard.

Scottish Borders has the lowest percentage of clients waiting longer than three weeks for alcohol treatment compared with the benchmarking family and also better than Scotland average (i.e. lower numbers of clients have waits over 3 weeks).

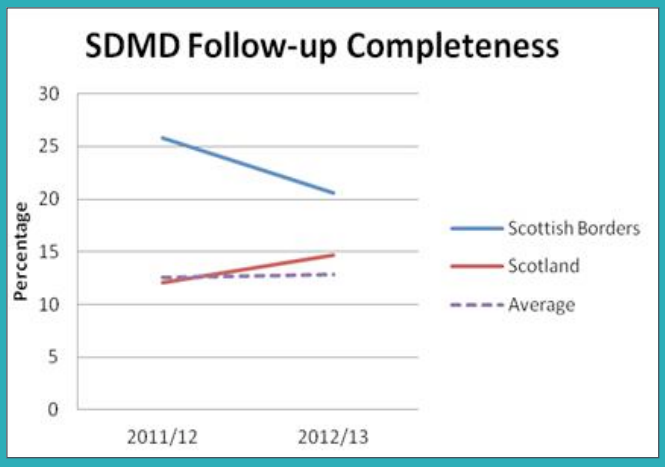
During 2011/12 there was a dip in performance relating to alcohol and drug waiting times and this is visible in both charts. This was attributable to a reduction in capacity within the treatment services which has since been resolved. Should this occassion arise again there will be more resilience in the system as one adult service (NHS provider) has developed non medical prescribing roles.There appears to be a difference between waits for drug clients and alcohol clients. Although the numbers are small we will confirm with services if there are any reasons why this should be the case

Target for 2020: 95% of clients to start treatment for alcohol or drugs within 3 weeks of referral

SDMD (Scottish Drugs Misuse Database)



SDMD data is generated from completion of SMR25a Form in drug treatment services. Scottish Borders compliance for completeness at initial assessment on Scottish Drugs Misuse Database was at 80% in 2012/13 (higher than the Scotland and benchmarking average). Local performance has declined over the reporting period. Stirling was the best performing area from the benchmarking family.



Scottish Borders was the best performing area in the benchmarking family for the percentage of clients who had been assessed and had a follow up 8 – 16 weeks later reported on SDMD. However it is should be noted that this decreased between 2011/12 – 2012/13.

Target for 2020: 100% compliance for initial and follow-up completeness

Key actions to support Strategic Aim 4: Strengthening partnerships and governance structures Core ADP Outcomes
Ensuring that outcomes relating to alcohol and drugs are reflected in local community/criminal justice plan.
Quarterly performance and financial report to ADP Executive Group.
Delivery of Workforce Development Plan including violence against women/alcohol and drugs staff practice development and a managers' session to support ROSC implementation.
A minimum of six monthly contract monitoring meetings with commissioned services.
Embed the Quality Principles by using the findings of our Service User Survey to identify and address areas for improvement.
Increase the number of alcohol and drugs clients accessing independent advocacy support.
Aim to reduce the number of DNA's for first and subsequent appointments in commissioned services.
Meet the local 95% three week waiting target for alcohol and drugs treatment services.
Confirm targets for outcome measures for adult services to align across Star and Drug & Alcohol Information System (DAISy)

Core Indicator/Local Indicators	Baseline	Year *most up to date data available*	Short - Medium Target 2018	Target 2020
% of clients waiting more than 3 weeks for drug /alcohol Treatment	2.5% (Drugs) 0.9% (Alcohol)	2013-14	1.5% (Drugs) 0.9% (Alcohol)	TBC following 2018 data
Compliance with Scottish Drugs Misuse Database (SDMD) assessment	80.2%	2012/13	100%	100%
Compliance with SDMD follow up	20.6%	2012/13	100%	100%
Quarterly reports submitted to ADP Executive Group	Compliant	2014/15	Ensure compliance	
Service user feedback reviewed monthly	Compliant	2014/15	Ensure compliance	
Increase in numbers of alcohol and drug clients accessing Advocacy support	0	2014-15 (pro rata)	10 peryear	
DNA rates for assessment (adult services)	Addaction: 32% NHS BAS: 47%	Q3 2014-15	25% Addaction 35% NHS Borders Addaction Service	23% Addaction 33% NHS Borders Addaction Service

5.2 Financial Investment (including earmarked Scottish Government funding and partners' core funding)

Scottish Government Ring Fenced ADP Allocation Provision Budget 2015-16	
Funding	
Alcohol Prevention, Treatment and Support	£1,039,066
Drug Services and Support	£315,141
Total 15-16 Allocation*	£1,354,207
Projected Expenditure	
TIER 1	
Responsible Drinking	£1,000
TIER 2/3	
Low- Moderate Needs & Integration Service	£269,871
Children & Families Service	£169,049
Service User Involvement	£10,000
Advocacy	£10,000
Primary Care - Local Enhanced Service	£50,000
Primary Care - Blue Bay Licence (ABIs)	£3,960
Social Work Planning Post	£10,300
Social Work Support Worker	£30,488
NHS Borders Addictions Service	£573,207
OTHER	
NHS Borders Corporate Support	£45,104
ADP Support Team - Pays & Supplies	£124,428
Scottish Drugs Forum - Voluntary Representation	£6,800
Star Outcomes	£1,386
Service User Involvement	£1,000
Development Fund	£7,000
Naloxone Kits	£3,000
Pharmacist (0.2wte)	£13,100
CAAP (0.5wte)	£24,514
Total Projected Expenditure	£1,354,207
Variance to Budget	£0

5.3 Priority Actions and Interventions to Improve Outcomes

Six areas for priority actions were issued in the Guidance for this plan. We have outlined above priority actions in relation to four of these areas: embedding the quality principles, strengthening user engagement, Alcohol Brief Interventions and waiting times.
In addition we would like to outline actions below:

5.31 Preventative spend actions for investment

Borders ADP continues to deploy staff and funding resources to work with partners on preventative actions. Strategic Aim 1 gives an overview of the priority actions work we will undertake. Much of the work is undertaken in partnership within existing resources, however, there are dedicated areas of spend as follows.

- During 2015-17 we will deploy an Alcohol Development Officer (Communities) to enable the ADP to engage with local communities around alcohol concerns. We will also be pursuing work with education colleague to develop an online resource and CPD for teaching staff and those in other young people's services.

- Our Children and Families service works with young people affected by their own and others' use as well as with parents to address the impact of their substance use on their families. As well as addressing an early intervention perspective the service also provides input to multiagency events called Crucial Crew and Safe T. Led by the Safer Communities Team these events cover all pupils in P7 and S4 and address safety issues including alcohol and drugs.

- We have committed to a Local Enhanced Service agreement with primary care colleagues to ensure continued delivery of alcohol screening and ABI. ABI training is built into the Service Level Agreement with our NHS Addiction Service which ensures sustainability.

- We have a small Development Fund which we use to support training and learning events, for example, NPS training from Crew.

5.32 Person centred recovery oriented systems of care (ROSC)

Border ADP has made significant progress towards developing a ROSC which has been outlined above. During the production of our 2015-20 strategy the themed Focus Groups with staff from early years; children and young people; adult and criminal justice settings identified priority actions as listed in Section 4 but, other than post treatment recovery opportunities, did not highlight any perceived gaps in service provision.

6 REQUEST FOR NATIONAL SUPPORT

Currently Primary Care ABI's are funded from ring fenced ADP monies via a Local Enhanced Service. It would be helpful if this was embedded within the Quality Outcomes Framework.

ADP Chairs events are useful for networking and developing strategic issues. The ADP Support Team has welcomed the 2014 and 2015 Peer Learning Events and would be keen to see these continue. In preparing this Delivery Plan we have received support from the Drug and Alcohol Teams at Scottish Government, ISD and Scottish Borders Council with particular regard to setting targets. This has been appreciated as it is acknowledged that ADP Support Team Members are not necessarily equipped to undertake this analytic work.

We have welcomed the support from AFS around Licensing. It may be helpful to consider opportunities for a similar arrangement for a National Licensing Forum.

APPENDIX 1 - PARTNER ORGANISATIONS INVOLVED IN PREPARING THE PLAN

Addaction Borders
Action for Children
NHS Borders Addiction Service
NHS Borders
Police Scotland
Scottish Borders Council
Scottish Drugs Forum

ADP and Executive Group Membership - April 2015

ADP Membership	
Chair :Elaine Torrance Chair : (April 2015) Eric Baijal	Chief Social Work Officer Joint Director of Public Health (Retired April 2015)
Vice Chair	Vacant
Simon Burt	Joint Manager Learning Disability Service and General Manager Mental Health Services, NHS Borders/ Scottish Borders Council
Councillor W Archibald	Convenor, Licensing Board, Scottish Borders Council
Haylis Smith (from 1 June 2015) Bryan Davies (until 31 May 2015)	Group Manager – Mental Health and Addictions, Scottish Borders Council
Kelly Brown	Chair of ADP Specialist Interventions Subgroup, Penumbra Youth Project (Borders)
Chief Inspector Paula Clark	Safer Communities Team Manager, Police Scotland
Dr Jonathan Fletcher (for information)	Consultant Physician, NHS Borders
Allyson McCollam	Joint Head of Health Improvement, NHS Borders/Scottish Borders Council
Dr Jason Luty	Consultant in Addictions Psychiatry, NHS Borders
Sean McCollum	Voluntary Sector Representative, Scottish Drugs Forum
Andy McLean	Acting Senior Finance Manager, NHS Borders
Dr Tim Patterson	Interim Joint Director of Public Health, NHS Borders
Fiona Young	Chief Officer, Lothian & Borders Community Justice Authority
Carol Wright	Unscheduled Care Nurse Manager, NHS Borders

ADP Executive Group Membership	
Chair: Elaine Torrance	Chief Social Work Officer, Scottish Borders Council
Ann Blackie	Chief Officer Children & Young People Support, Scottish Borders Council
Simon Burt	Joint Manager Learning Disability Service and General Manager Mental Health Services, NHS Borders/ Scottish Borders Council
Haylis Smith (from 1 June 2015) Bryan Davies (until 31 May 2015)	Group Manager – Mental Health and Addictions, Scottish Borders Council
Lesley Horne	Senior Contracts Officer, Scottish Borders Council
Allyson McCollam	Joint Head of Health Improvement, NHS Borders/Scottish Borders Council
Sean McCollum	Voluntary Sector Representative, Scottish Drugs Forum
Andy McLean	Senior Finance Manager, NHS Borders
Susan Yates	Senior Policy, Planning & Performance Officeer, Scottish Borders Council

ADP Support Team	
Jackie Dickson/Vikki Scott	PA to Borders Alcohol & Drugs Partnership
Fiona Doig	ADP Strategic Coordinator
Claire Penny	Alcohol Development Officer (Communities)
Susan Walker	ADP Development Officer

APPENDIX 2 - CORE INDICATORS DESCRIPTION

Short Name	Full Description
Prevalence of problem drug users	Estimated prevalence (expressed as percentage of population) of problem drug users for each ADP (for ages 15-64).
Drug use last month (pupils age 15)	Percentage of 15yr olds who usually take illicit drugs at least once per month
Drug use last year (pupils age 15)	Percentage of 15yr olds that report using an illicit drug in last year
Weekly drinkers (pupils age 15)	Percentage of pupils age 15 drinking on weekly basis
Above limit drinkers	Percentage of individuals drinking above daily/weekly recommended limits
Binge drinkers	Percentage of individuals drinking above twice daily ('binge' drinking) recommended limits
'Problem' drinkers	Problem drinkers are identified as current drinkers in Scottish Health Survey who agree with at least 2 out of 6 statements in CAGE questionnaire.
Drug-related hospital stays	Number and rate (per 100,000 population) of general acute inpatient & day case stays with a diagnosis of drug misuse in any position by year.
Alcohol-related hospital stays	Number and rate (per 100,000 population) of general acute inpatient & day case stays with a diagnosis of alcohol misuse in any position by year.
Alcohol-related mortality	Rate of Alcohol-related deaths (underlying cause) per 100,000 population
Drug-related mortality	Rate of drug-related deaths per 100,000 population
Maternities with drug use	Rate of Maternities recording drug use per 1000 maternities (3-year rate)
Child protection with parental alcohol/drug misuse	Rate of Child Protection Case conferences where parental drug and alcohol misuse identified
Drug use funded by crime	Percentage of new clients entering specialist drug treatment services who report funding their drug use through crime

Short Name	Full Description
Rate of Crime per 10,000 population	Rate of offences per 10,000 population often related to alcohol misuse: serious assault, common assault, vandalism, breach of the peace.
Pupils age 15 being offered drugs	Percentage of 15 year old pupils who have ever been offered drugs
Drug misuse in neighbourhoods	Percentage of people perceiving drug misuse or dealing to be very or fairly common in their neighbourhood.
Perceptions of rowdy behaviour in neighbourhoods	Percentage of people perceiving rowdy behaviour to be very or fairly common in their neighbourhood.
Licenses in force	Number and Rate per 10,000 population aged 18+ of premise (and occasional) licenses in force (on-trade, off-trade and both).
Applications for licenses	Number (n) and rate (r) per 10,000 population aged 18+ of personal licence applications and percentage refused.
Alcohol brief interventions	Number of alcohol brief interventions delivered in accordance to HEAT standard.
Treatment Waiting Times	Percentage of clients waiting more than 3 weeks between referral and commencement of treatment for alcohol and drugs.
Compliance with Scottish Drugs Misuse Database	Initial Assessment: Number of patients in Scottish Drugs Misuse Database divided by number of patients in Drug & Alcohol Treatment Waiting Times Database (as percentage) Follow Up: Percentage of patients with initial assessment with a follow up assessment 8 – 16 weeks later.
Hepatitis C positive among injecting drug users	Percentage of injecting drug users who test positive for Hepatitis C antibody.

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Scottish Borders COUNCIL