

Borders NHS Board**ALCOHOL AND DRUGS PARTNERSHIP (ADP) ANNUAL REPORT 2015-16****Aim**

This paper presents the ADP Annual Report for 2015-16 which was submitted to Scottish Government (SG) in September 2016.

Background

The ADP is required to produce an Annual Report each year on its Delivery Plan for 2015-16 (Appendix 1). The Report has been prepared according to SG guidance and provides information as follows:

1. Financial Framework
2. Ministerial Priorities
3. Additional information (specific questions other than responses to Ministerial Priorities).

The reporting requirement of Scottish Government is much reduced this year.

Summary of Annual Report

Positive progress has been made against all indicators during the reporting year. Of particular note is performance exceeding target in the following areas:

- Alcohol and drugs waiting times (Ministerial Priority 1)
- Delivery of alcohol brief interventions (ABI's) (Ministerial Priority 2)
- Provision of Take Home Naloxone kits (Ministerial Priority 5)

Data compliance on Priority 3 has improved. It is difficult to achieve 100% compliance as data is not collected simultaneously across both systems therefore while all clients may in time have both sets completed this may not show as 100%.

Priority 6: actions to reduce drug related deaths included delivery of a Drug Death Prevention Conference. This year we have delivered a further seminar in September and an input to the Borders Time will take place in November.

Work is underway to audit the circumstances of all alcohol related deaths in Borders in one calendar year. This work aims to improve understanding of individuals at risk of alcohol related deaths and potential interventions to reduce the number of deaths and to respond to Priority 12 (p11).

This report has previously been submitted to the Community Planning Partnership Joint Delivery Team and Strategic Board.

Recommendation

The Board is asked to **note** the Annual Report

Policy/Strategy Implications	This Report presents our response to national drug and alcohol policy/strategy
Consultation	The Annual Report has been developed in partnership with ADP Members and Third Sector colleagues. The ADP Strategy was developed in consultation with stakeholders including service users.
Consultation with Professional Committees	This report was submitted to the CPP Strategic Board prior to submission to government.
Risk Assessment	The ADP Executive maintains a risk log.
Compliance with Board Policy requirements on Equality and Diversity	An Equalities Impact Assessment was carried out on the ADP Strategy and Delivery Plan.
Resource/Staffing Implications	The national allocation for Borders ADP has been reduced by 22% from April 2016 and some reductions have been made in areas which do not directly impact on frontline services. The IJB Strategic Board has agreed to support the ADP budget to the sum of £220k to allow work to be undertaken during 2016-17 to review the current system. A report will be presented to the IJB in December 2016 outlining options for future delivery to ensure Borders continues to provide quality alcohol and drugs services and highlighting any potential risks in terms of waiting times or quality.

Approved by

Name	Designation	Name	Designation
Tim Patterson	Interim Joint Director of Public Health		

Author(s)

Name	Designation	Name	Designation
Fiona Doig	Strategic Lead – ADP and Health Improvement		

Appendix 1

Borders ADP Annual Report 2015-16

STANDARD REPORTING TEMPLATE - (SCOTTISH BORDERS) ADP ANNUAL REPORT 2015-16

Document Details: Borders ADP

ADP Reporting Requirements 2015-16

1. Financial Frameworkp1
2. Ministerial Priorities.....p5
3. Additional Information.....p11

The Scottish Government copy should be sent by 12 September 2016 for the attention of Amanda Adams to:

Alcoholanddrugdelivery@scotland.gsi.gov.uk

1. FINANCIAL FRAMEWORK 2015-16

Total Income from all sources

Income	Substance Misuse (Alcohol and Drugs)
Earmarked funding from Scottish Government	£1,352,190
Funding from Local Authority	£189,840*
Funding from NHS (excluding funding earmarked from Scottish Government)	£120,839*
Funding from other sources	£117,000*
Total	£1,779,869

- Funding from the Local Authority relates to the contribution to the Addaction, Action For Children and Residential Rehabilitation costs only
- Funding from NHS relates to the additional direct costs of Borders Addictions Service (excluding Prescribing) only
- Funding from Other Sources relates to the carry forward of the earmarked funding from Scottish Government, BBV and Fairer Scotland Funding only

Total Expenditure from sources

	Substance Misuse (Alcohol and Drugs)
Prevention (include community focussed, early years, educational inputs/media, young people, licensing objectives, ABIs)	£267,848
Treatment & Support Services (include interventions focussed around treatment for alcohol and drug dependence)	£1,163,883.50
Recovery	£50,037
Dealing with consequences of problem alcohol and drug use in ADP locality	£201,561
Total	£1,616,27

2015-16 End Year Balance for Scottish Government earmarked allocations

	Income £	Expenditure £	End Year Balance £
Substance Misuse	£1,452,190	£1,367,382	£101,808

2015-16 Total Underspend from all sources

Underspend £	Proposals for future use
£101,808	
£11,215	Commissioning review
£31,368	Offset funding for treatment services
£59,225	Contingency to implement findings of commissioning review

Support in kind

Provider	Description
AA	Provision of materials for Drug Death Conference.
AI Anon	Membership of Specialist Interventions Sub-group. Provision of materials for Drug Death Conference.
Alcohol Focus Scotland	Support with Local Licensing Forum (LLF) Alcohol Profile, national policy support. Consulting support on self-assessment of LLF and delivery of subsequent development session.
Crew2000	Support to Drugs Trend Monitoring Group, training on New Psychoactive Substances.
Health Scotland	Support regarding ABI delivery.
Lloyds PDI	Support to development of planned session relating to recovery needs of families.

NHS Borders	Leadership and influencing, representation on ADP and sub-groups, communications support, contribution to workforce directory, support to Alcohol Related Deaths audit.
NHS Greater Glasgow and Clyde	Support to develop Alcohol Related Deaths audit tool.
NHS Lothian	Presentation at Drug Death Conference.
Police Scotland	Leadership and influencing, representation on ADP and sub-groups, ABI's in Custody Suites. Presentation at Drug Death Conference.
Scottish Borders Council (SBC)	Leadership and influencing, Contracts and Procurement Team, representation on ADP and sub-groups, Communications Department, Estates and Facilities (ADP Support Team located in SBC Headquarters), Alcohol Brief Interventions roll-out, Legal and Democratic Services, Business Consultant support to e.g. alcohol profile, contribution to workforce directory, support to Langlee Alcohol Project (Licensing Standards Officer, Community Learning and Development).
Scottish Drugs Forum	Advisory support, Service User Involvement, National policy support, representation on Drug Trend Monitoring Group, training on New Psychoactive Substances and Take Home Naloxone, representative on Naloxone Steering Group, representative on Quality Principles Group. Presentations at Drug Death Conference. Delivery of bespoke training and generic training.
Scottish Families Affected by Alcohol and Drugs	Presentation at Drugs Death Conference, informal support re developing family work, distribution of materials.
Scottish Fire and Rescue Service	Partnership support to Langlee Alcohol Project.
Scottish Government	Leadership and influencing, support with Investment Review process, ADP Chairs events, support with development of NHS Service Level Agreement, Peer Meetings for ADP Support Team, support to develop alcohol related deaths audit.
TD1 Youth Hub and Community Youth Voice (Langlee)	Partnership support to Langlee Alcohol Project.

2. MINISTERIAL PRIORITIES

ADP funding allocation letters 2015-16 outlined a range of Ministerial priorities and asks ADPs to describe in this ADP Report their local Improvement goals and measures for delivering these during 2015-16. Please outline these below.

PRIORITY	*IMPROVEMENT GOAL 2015-16	DELIVERY MEASURES	ADDITIONAL INFORMATION
<p>1. Compliance with the Drug and Alcohol Treatment Waiting Times LDP Standard, including, increasing the level of fully identifiable records submitted to the Drug and Alcohol Treatment Waiting Times Database (DATWTD)</p>	<p>90% of clients will wait no longer than 3 weeks from referral received to appropriate drug or alcohol treatment that supports their recovery.</p> <p>No one will wait longer than 6 weeks to receive appropriate treatment</p> <p>100% data compliance is expected from services delivering tier 3 and 4 drug and alcohol treatment in Scotland</p>	<ul style="list-style-type: none"> • We continue to sustain performance to meet waiting times local improvement target and LDP standard. • This will be managed through existing service redesign, service user pathway, and process for managing waiting times through routine monitoring of activity and feedback loop. • Anonymous records would be entered on an exceptional basis only, in accordance with the guidance provided by ISD. • 97% of clients started treatment within 3 weeks for 2015/16. • Of 1089 clients one individual waited 6 weeks to receive appropriate treatment. • 100% data compliance achieved. 	<p>There is a risk of breaching the standard in 2016-17.</p> <p>Services are actively trying to resolve capacity issues.</p>

2. Compliance with the LDP Standard for delivering Alcohol Brief Interventions (ABIs)	Deliver 1312 ABIs	1806 delivered (138% of the 1312 standard).	
3. Increasing Data Compliance SDMD: SMR25 A and B.	To increase compliance for SMR25(a) to 100% by March 2016.	91% of individuals who have received an assessment on DATWTD had a SMR25a. This is an increase from 74% in the previous year.	
4. Preparing Local Systems to Comply with the new Drug & Alcohol Information System (DAISy)	To finalise current draft Information Sharing Protocol and monitor any issues arising and ensure compatibility with proposed national ISD template once issued.	This has been finalised with both organisations.	We have enquired with ISD re: potential for DAISY ISP to reflect inter-service info at local level.
5. Increasing the reach and coverage of the national naloxone programme for people at risk of opiate overdose, including those on release from prison.	Provide 27 first time kits in 2015-16	31 first time kits supplied.	Following change in legislation adult third sector service is now able to train and supply via project workers
6. Tackling drug related deaths (DRD)/risks in your local ADP.	Implement actions from the reducing DRD model in ADP Strategy	<p>A DRD conference was delivered including national speakers and overdose (OD) prevention training. Separate OD prevention training was also delivered.</p> <p>A DRD briefing sheet was given to delegates on all ADP training events (over 300 delegates).</p>	

		<p>SFAD bereavement support information now distributed to families by Police Scotland following a DRD.</p> <p>Police Scotland and Adult Protection have reviewed non-fatal OD information to ensure system is robust for picking up at risk clients. Police Scotland reviewing Scottish Ambulance Service data.</p>	
<p>7. Implementing improvement methodology including implementation of the <i>Quality Principles: Standard Expectations of Care and Support in Drug and Alcohol Services</i>.</p>	<p>To develop and implement an action plan in response to the service user survey.</p> <p>To develop and implement tests of change arising from the Drug and Alcohol Improvement Game</p>	<p>The service user survey helped identify a need for improved understanding and recording of reviews. Services have been tasked with establishing baseline measures and making targets for improvement in Q1& 2 in 2016-17.</p> <p>New improved information has been developed for service user pack and routine service user feedback on individual experience is now implemented in two services. The third service is taking an approach of evaluating different arms of the service in a staged process.</p> <p>Staff and service users have been issued with Quality Principles and participated in the surveys and focus groups for the Care Inspectorate work and we await with interest the findings.</p> <p>The ADP has implemented a communication plan in response to findings in the development of the strategy.</p>	

		The tests of change were not implemented as these were superseded by the work of the Quality Principles Group.	
8. Responding to the recommendations outlined in the independent expert group on opioid replacement therapies.	<p>As reported in 2014-15 Annual Report new services based on an Investment Review commenced in May 2014. Central to our ROSC is integrated working. A great deal of work has been undertaken by Addaction and BAS to develop their services to fit with the ROSC model.</p> <p>The joint workforce development programmes delivered by STRADA/SDF continues to support our local ROSC.</p> <p>BIAS (Borders Independent Advocacy Service) provides support for alcohol and drugs clients.</p> <p>A Quality Principles group was established to take forward embedding of quality principles.</p> <p>(please also see Section 2, 6.)</p>	Additional actions to support embedding of Quality Principles will arise from the self-validation process undertaken by the Care Inspectorate.	
9. Ensuring a proactive and planned approach to responding to the needs of prisoners affected by problem drug and alcohol use	Develop baseline information for Community Justice Bill priorities and contribute to the work of the Borders Community Justice Group.	Criminal Justice Social Work, Scottish Prison Service, Public Social Partnerships (Shine and New Routes) and local drug and alcohol services have a co-ordinated approach to the identification and response to prisoners	

<p>and their associated through care arrangements, including women</p>		<p>affected by drugs and alcohol; this includes information exchange at the point of sentence and an initial screening whilst in custody and permits for a proactive response to individual needs. Regular contact between agencies ensures that prisoners' needs are identified at an early stage and that support can be offered whilst in custody and on release. An identified voluntary through care worker is located within criminal justice social work and liaison takes place with prison and community services in order to co-ordinate access to required services including drug and alcohol services. Integrated Case Management approaches are well-embedded in practice and prisoners subject to Statutory through care are subject to advanced planning and co-ordination of services prior to release.</p> <p>The Young Persons Reintegration Protocol ensures a consistent approach is taken to identification of need, planning and co-ordination of services for young offenders.</p> <p>The 2016-17 Community Justice Action plan includes a focus on the needs of prisoners, and a recognition that the effective operational practices in place with respect to adult male and women prisoners should be supported by formalised protocols and procedures to provide a consistent and transparent pathway which can be shared with prisoners and partner agencies; it is recognised that current operational principles and the learning taken from the implementation of the Young Persons Reintegration protocol will support the</p>	
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		development of the protocols and procedures. A working group is to be established to progress this action.	
10. Improving identification of, and preventative activities focused on, new psychoactive substances (NPS).	To increase local awareness of NPS	Deliver and evaluate 4 NPS training sessions: 6 sessions delivered to 87 delegates and positively evaluated.	
11. On-going Implementation of a Whole Population Approach for alcohol recognising harder to reach groups, supporting a focus on communities where deprivation is greatest.	<ul style="list-style-type: none"> To increase the number of A/E ABI's performed in A/E and antenatal settings (complete) To increase the reach of the Dry January campaign via Small Change Big Difference (complete) To ensure feedback from the Langlee project is heard at CPP 	<p>The work reported last year in ante-natal settings to improve confidence and skills in midwives and streamline reporting systems has led to a greatly improved performance of 88 ABI's performed compared to 0 the previous year.</p> <p>The number of screenings in A/E have increased but the number of ABI's has not.</p> <p>The second Dry January campaign was run alongside NHS Borders Small Change Big Difference (SCBD) project. The story was picked up by two local newspapers (one previous year) and the NHS and SBC staff newsletters.</p> <p>Findings from the project are woven into presentations across partnerships. Complete</p>	<p>A Local Enhanced Service (LES) is in place to provide ABI's in primary care. There is a 'cap' on the funding available and this is weighted to reflect relevant deprivation.</p> <p>Additional licensing work: Best Bar None has increased number of sign ups from 6 in 2014-15 to 13 in 2015-16.</p> <p>The Local Licensing Forum</p>

	level and within the Licensing Board (complete)	re Licensing Board. Additional actions have arising from this work and are being taken forward by partners.	has undergone a self-evaluation and subsequent development session supported by Alcohol Focus Scotland. This is now being used for training other LLFs across Scotland.
12. ADP Engagement in improvements to reduce alcohol related deaths.	To improve understanding of individuals at risk of alcohol related deaths and potential interventions to reduce the number of deaths.	During 2015-16 the ADP Support Team has commenced an audit of the 24 alcohol related deaths in Borders in 2014. This work involves reviewing in-patient notes, prescribing data and linked ISD data. To date all notes have been reviewed and negotiations are underway with ISD to access appropriate linked data. Support has been provided from NHS Borders Clinical Governance and Quality, Scottish Government and ISD and NHS Greater Glasgow and Clyde.	

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

3. ADDITIONAL INFORMATION 1 APRIL 2015 – 31 MARCH 2016

1	<p>Please <u>bullet point</u> any local research that you have commissioned e.g. hidden populations, alcohol related deaths.<i>(the actual research is not required)</i></p>	<p>We have not commissioned any local research. We are undertaking the audit on alcohol related deaths using in-house resources and support in-kind.</p>
2	<p>What is the formal arrangement within your ADP for reporting on your Annual Reports/ Delivery Plans/shared documents, through your local accountability route.</p>	<p>Annual Reports and Delivery Plans and other associated documents are formally reported via the CPP and the IJB. The ADP Annual Report and updates on the delivery plan are also presented to the Children and Young People's Leadership Group for relevant areas. The Drug Related Death Annual Report is presented to the Critical Services Oversight Group (CSOG).</p>
3	<p>A person centered recovery focus has been incorporated into our approach to strategic commissioning. Please advise if your ROSC is 'in place'; 'in development' or in place and enhancing further. <i>(No additional information is required)</i></p>	<p>Enhancing further</p>
4	<p>Is there an ADP Workforce Development Strategy in Place, if <u>no</u>, are there plans to develop?</p>	<p>Workforce Strategy in place: Yes</p>
5	<p>A. Please indicate if your ADP has participated in the Drug Death Prevention work of the Scottish Drugs Forum (SDF), as requested by Ministers in their letter to ADP Chairs on 6 August 2014.</p> <p>B. Please provide details of local Drug Death Prevention strategies in place or planned.</p>	<p>A. Borders ADP was not invited to be part of the original scoping work completed by SDF, however, the Support Team and members of the NHS Addictions Service attended the SDF Older People's Seminar where the Staying Alive in Scotland Toolkit was launched and provided feedback to the assessment tool presented within the regional workshop in Edinburgh.</p> <p>B. Borders ADP took the decision to include Drug Death Prevention in its main strategy which includes a model of our approach to reducing Drug Related Deaths (DRD). This was launched at our Preventing DRD Seminar described in section 2.6.</p>

	<p>C. Please include details of any local Drug-Related Death groups in place, in addition to the information provided within the Ministerial priorities section.</p>	<p>C. The local DRD Review Group is Chaired by the Independent Adult Protection Chair. Membership is as follows: Adult Protection Lead Officer, Child Protection Lead Officer (as required); Substance Misuse Pharmacist, Borders Addiction Service, Addaction, Criminal Justice Social Work, SBC Homelessness Service, ADP Support Team. During 2015-16 we introduced an invite to GP's to attend when their patient is being discussed. Other agencies are invited to attend when their client/patient is discussed.</p> <p>An outcome template is shared within NHS Borders Clinical Governance structures.</p>
6	<p>Describe the progress your ADP has made in taking forward the recommendations from the Independent Expert Review of Opioid Replacement Therapies in Scotland. Please include any information around the following:</p> <ul style="list-style-type: none"> Update on progress in implementing your key aim statement – have you achieved it/when do you plan to do so? 	<p>The following updated key aim was presented in our 2015-18 delivery plan updated from our previous aim in response to the ORT review and is reflected in our 2015-20 strategy: Improve recovery outcomes for service users and reduce number of deaths from accidental drug use to fewer than four per year by 2020.</p> <p>We have made significant progress in providing recovery activities over the last year. There is now a well established fortnight Recovery Life Cafe in Galashiels, a weekly drop-in group in Hawick and a weekly Music Group in Gala. A weekly group in Eyemouth has been set up independently and has had some informal support from Addaction. Attendance at weekly MAP (Mutual Aid Partnership) Groups in Peebles, Galashiels and Hawick has increased. These are co-facilitated by Addaction and Borders Addiction Service.</p> <p>Last year was the first year Borders attended the Recovery Walk which is organised by Scottish Recovery Consortium. A group of</p>

		<p>20 people in recovery, family members and staff took the new train line to Glasgow. For the first time there was a Christmas Event for people in recovery and their families. The Recovery Life Cafe worked with Borders Healthy Living Network to support attendees to prepare a four course home cooked Christmas Dinner.</p> <p>Borders ADP sponsored one place on the Addiction Worker Trainee Programme and a representative was pleased to attend the recent graduation ceremony at Holyrood.</p> <p>Work is underway to improve recording of progress toward individual outcomes as reporting above against under Ministerial Priority 7 regarding reviews and recovery planning.</p> <p>Progress has been made on furthering action to reduce DRD as reported above against Ministerial Priority 6 tackling Drug Related Deaths. Given the thankfully low numbers of individuals lost to DRD's it will be challenging to directly attribute any impact.</p>
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<ul style="list-style-type: none"> • How many people were in receipt of opiate replacement therapies in your area between 1 April 2014 & 31 March 2015. • Information on length of time on ORT and dose • Information about any related staff training in ORT provision or recovery orientated systems of care. • Detail of any ORT focussed groups operating in the area. • GP engagement – how drug and alcohol treatment is being delivered in primary care settings. 	<p>There were 261 people in receipt of ORT in the Borders during 2015/16 in comparison with 226 in the previous year (15% increase).</p> <p>Due to no change in prescribing database we are still unable to provide information on length of time on ORT or dose. Borders Addiction Service has been pursuing an IT solution with support from IM&T colleagues.</p> <p>Borders Addictions Service have not trained additional non-medical prescribers. 39 individuals participated in joint Gender Based Violence/Substance misuse training Individuals from across alcohol and drugs services also attended training in bacterial infections in injecting drug users, the DRD conference and understanding recovery. Two team members from Borders Addiction Service are participating in the validated self assessment process with the Care Inspectorate.</p> <p>There are no ORT focussed groups in Borders.</p> <p>GP prescribing remains low in Borders however the Prescribing and Support Service (PASS) within NHS Borders Addictions Service continues to support people who are more stable on their ORT.</p>
<p>The Independent Expert Review of Opioid Replacement Therapies in Scotland ‘Delivering Recovery’ can be found at http://www.gov.scot/Publications/2013/08/9760/downloads</p>	

Please provide any feedback you have on this reporting template.

Thank you for taking into consideration when preparing this template the work that ADP's have undertaken to complete the Position Statement for the self-validation exercise.