

Borders NHS Board

Meeting Date: 6 September 2018

Approved by:	Tim Patterson, Joint Director of Public Health
Author:	Susan Elliot, ADP Co-ordinator; Fiona Doig, Strategic Lead – ADP and Health Improvement
ALCOHOL AND DRUGS PARTNERSHIP ANNUAL REPORT, 2017-18	
Purpose of Report:	
The purpose of this report is to brief the Board on the content of the Alcohol and Drugs Partnership (ADP) Annual Report.	
Recommendations:	
The Board is asked to note the report.	
Approval Pathways:	
The ADP is required to produce an Annual Report each year. The report has been endorsed by the ADP Board and Executive Group.	
Executive Summary:	
<p>Format of the Annual Report is prescribed by Scottish Government and includes information relating to the financial framework; ministerial priorities and formal arrangements for working with local partners.</p> <ul style="list-style-type: none"> i) Financial framework – the report shows a balanced budget (p2) ii) Ministerial priorities – the report shows positive progress across the majority of priorities, highlights are noted below: <ul style="list-style-type: none"> • Implementation of new Drug and Alcohol Data System (DAISy) - Borders ADP is well prepared for implementation of DAISy (anticipated April 2019) (p5) • Tackling drugs deaths including provision- Borders remains one of the best performing boards in terms of reach of Take Home Naloxone kits (p6). All drugs deaths are reviewed and any learning shared, more recently a 'Practice Group' has been convened to look at additional routes to preventing deaths. • Whole population approach to reducing alcohol harm – an annual Alcohol Profile helps inform the local Licensing Board decisions. <p>Exceptions –</p> <ul style="list-style-type: none"> • Alcohol brief interventions (ABIs) (p7) and waiting times standards (p10) were not met in 2017-18. We are exploring alternative avenues for delivery in Primary Care following removal of the local agreement. Waiting times in Quarter 1 and 2 of 2018-19 have met the standard required. 	

Impact of item/issues on:	
Strategic Context	The ADP Strategy 2015-2020 takes account of: The Road to Recovery and Changing Scotland's Relationship with Alcohol. Reduction of alcohol related harm is a Public Health priority.
Patient Safety/Clinical Impact	ADP services address a range of patient safety issues: e.g. drug death prevention (naloxone); prevention of blood borne virus transmission (injecting equipment provision).
Staffing/Workforce	Staffing is provided within the agreed resource.
Finance/Resources	The Annual Report shows a balanced budget for 2017-18. ADP funding from Scottish Government is contingent on delivery of Ministerial Priorities. Additional ADP funding was confirmed by Scottish Government on 23 August 2018. A process has been agreed through which funding will be allocated.
Risk Implications	The ADP Executive Group maintains a risk register.
Equality and Diversity	An EQIA was completed as part of the development ADP Strategy.
Consultation	Completion of this document has been supported by the ADP Board and colleagues in Criminal Justice Social Work; Community Safety and Addiction.
Glossary	Contained within Report.

ADP ANNUAL REPORT 2017-18 (SCOTTISH BORDERS)

Document Details:

ADP Reporting Requirements 2017-18

1. Financial framework
2. Ministerial priorities
3. Formal arrangements for working with local partners

Appendix 1

Feedback on this reporting template.

In submitting this completed Annual Report we are confirming this has been signed off by both the ADP Chair and Integrated Authority Chief Officer.

The Scottish Government copy should be sent by **26 September 2018** for the attention of Amanda Adams to:
alcoholanddrugdelivery@gov.scot

1. FINANCIAL FRAMEWORK - 2017-18

Your report should identify all sources of income that the ADP has received (via your local NHS Board and Integration Authority), alongside the monies that you have spent to deliver the priorities set out in your local plan. It would be helpful to distinguish appropriately between your own core income and other expenditure on alcohol and drug prevention, treatment and support, or recovery services which each ADP partner has provided a contribution towards. You should also highlight any underspend and proposals on future use of any such monies.

Income and Expenditure through the Programme for Government should only be recorded in ANNEX A – Programme for Government Investment Plans and Reporting Template

a) Total Income from all sources

	Problem Substance Use (Alcohol and Drugs)
Earmarked funding from Scottish Government through NHS Board Baseline *	£1,049,582
Funding from Integrated Authorities	£46,000
Funding from Local Authority – if appropriate	£137,590
Funding from NHS (excluding funding earmarked from Scottish Government) – if appropriate	£124,459
Total Funding from other sources – as appropriate	£25,000
Carry forwards	£73,000
Total (A)	£1,455,631

b) Total Expenditure from sources

	Problem Substance Use (Alcohol and Drugs)
Prevention (include community focussed, early years, educational inputs/media, young people, licensing objectives, ABIs)	£125,554
Treatment & Support Services (include interventions focussed around treatment for alcohol and drug dependence)	£1,144,889
Recovery	£8,022
Dealing with consequences of problem alcohol and drug use in ADP locality	£174,962
Total (B)	£1,453,427

c) 2017-18 Total Underspend from all sources: (A-B)

Income (A)	Expenditure (B)	Under/Overspend
£1,455,631	£1,453,427	£2,204

d) 2017-18 End Year Balance from Scottish Government earmarked allocations (through NHS Board Baseline)

	Income £	Expenditure £	End Year Balance £
Problem Substance Use *	1,049,582	1,118,378	68,796

Carry-forward of Scottish Government investment from previous year (s)	73,000	73,000	0
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Note: * The income figure for Scottish Government should match the figure given in table (a), unless there is a carry forward element of Scottish Government investment from the previous year.

2. MINISTERIAL PRIORITIES

ADP funding allocation letters 2017-18 outlined a range of Ministerial priorities. Please describe in this ADP Report your local Improvement goals and measures for delivery in the following areas during 2017-18 below.

PRIORITY	*IMPROVEMENT GOAL 2017-18	PROGRESS UPDATE	ADDITIONAL INFORMATION
1. Preparing Local Systems to Comply with the new Drug & Alcohol Information System (DAISy)	All identified staff trained in DAISy and implementation plan delivered by 2 April 2018 – not achievable due to slippage in national timescales.	<p>DAISy implementation delayed until October 2018. Staff identified for training and awaiting dates to be circulated.</p> <p>Borders ADP represented on national DAISy Implementation Group.</p> <p>Implementation plan developed in preparation for DAISy and overseen by local Data & Performance Group.</p> <p>Regular updates on DAISy provided at Data & Performance Subgroup and via ADP Bulletin to service managers and staff.</p> <p>Adult services have signed off a local information sharing protocol and we await</p>	

		the Information Sharing Agreement between ISD, Health Board/Local Authority to be agreed nationally.	
<p>2. Tackling drug and alcohol related deaths (DRD & ARD)/risks in your local ADP area.</p> <p>Which includes - Increasing the reach and coverage of the national naloxone programme for people at risk of opiate overdose, including those on release from prison and continued development of a whole population approach which targets harder to reach groups and focuses on communities where deprivation is greatest.</p>	<p>Tackling drug and alcohol related deaths (DRD & ARD)/risks in your local ADP area.</p> <p>Develop and implement an action plan arising from completion of the Staying Alive in Scotland Good Practice Baseline Tool (DDRG).</p> <p>Implement reviewed ABI process in Emergency Department, Borders General Hospital</p>	<p>Drug deaths in Scotland and Borders remain at an historic high. There is no significant change in demographic or social circumstances in the individuals who died during the reporting year. As part of reviewing drug related deaths Borders will review all drug related deaths whether in treatment services or not however we are aware that this varies across Scotland.</p> <p>A drug death prevention workshop was delivered in November 2017 to confirm current prevention activities and identify areas for improvement based on the key findings in Staying Alive in Scotland. Actions are being progressed locally to prevent DRD's and are reported through the DDRG.</p>	<p>Scottish Ambulance Service currently exploring possibility of providing Naloxone to people who experience non fatal overdose.</p>

	<p>Implement recommendations from short life working group for audit of 2014 alcohol related deaths.</p>	<p>A DRD briefing sheet was given to delegates attending all ADP training events (226 delegates).</p> <p>In addition briefing sheets on Alprazolam were circulated to all key stakeholders.</p> <p>Senior managers from Police, ADP Support Team, Social Work and Adult Protection have also met to discuss prevention of drug related deaths and are currently carrying out a survey with people who have not engaged with drug and alcohol services to explore any potential barriers. Being in a drug service is a known protective factor for drug deaths.</p> <p>Annual Report on Drug Deaths is presented to the ADP and Critical Services Oversight Group.</p> <p>Short life working group met to test and refine the findings and develop recommendations from alcohol related death audit. Action plan developed which</p>	
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	<p>Increasing reach and coverage of national Naloxone programme:</p> <p>To supply first time kits to 50% of the estimated problem drug user population by 2018. Equivalent to 27 first time kits per year; cumulative delivery of 81 from April 2015-March 2018.</p> <p>Improve identification of those accessing multiple supplies for THN by:</p> <p>Implementing 'real time' data entry in Addaction's injecting equipment</p>	<p>includes identifying and recording alcohol consumption, offering advice and support.</p> <p>Naloxone continues to be provided as part of routine care for clients accessing drug and alcohol services as well as being available to families and carers. 19 first time kits were supplied in 2016-17 and 98 resupplies made.</p> <p>Cumulative total 2015-18= 80 first time kits (99% of three year local target of 81 kits).</p> <p>Naloxone now available in A/E for people with non-fatal overdoses.</p> <p>Real time data entry implemented in Addaction IEP.</p> <p>System in place to identify multiple supplies by Borders Addiction Service.</p>	
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	<p>provision ('needle exchange')</p> <p>Identify process in Borders Addiction Service to ensure identification of multiple supplies is picked up</p> <p>Raise multiple supplies with IEP pharmacists as part of refresher training planned for September 2017</p>	<p>All IEP pharmacies received refresher training on dispensing equipment and completion of paperwork.</p> <p>1 training for trainers sessions provided to 12 staff across frontline services (statutory and voluntary).</p> <p>Three overdose awareness sessions provided to 19 staff from various agencies including Criminal Justice Social Work Team, School Nurse, GPs, Antisocial Behaviour Team, and Health Visitor.</p> <p>Routine ABI Screening Form reviewed in Emergency Department and amendments made along with training delivered. Routine screening increased by 126% as a result.</p> <p>The overall ABI standard was not met in 2017-18. We are exploring potential alternative routes to delivery in primary</p>	
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	<p>Development of a whole population approach which targets harder to reach groups and focuses on communities where deprivation is greatest.</p> <p>Continue to support licensing objectives by participating in the Local Licensing Forum (LLF) and production of a Summary Alcohol Profile</p>	<p>care.</p> <p>Dry January campaign was repeated alongside NHS Borders Small Change Big Difference (SCBD) project. Facebook and twitter were used for communication methods.</p> <p>Ongoing support to Local Licensing Forum has been provided along with responding to any licensing applications on behalf of NHS Borders. Input organised to host AFS at Local Licensing Forum and Licensing Board joint CPD session to review CRESH data.</p> <p>A Summary Alcohol Profile was completed for 2016-17. This Profile aims to provide an update on the information available from Police Scotland, NHS Borders, Scottish Borders Council and Scottish Public Health Observatory. This report is shared with the Licensing Board and Local Licensing Forum to support evidence based decisions on availability.</p>	
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		<p>ADP support team member of short life working group to review Licensing Board Policy Statement.</p> <p>ADP Support Team taking part in the research study 'Exploring the Impact of alcohol premises Licensing in England and Scotland'. Borders ADP have been selected as an 'intervention areas', which researchers consider to be active in relation to local alcohol licensing. The study aims to gather information which will explore whether and how public health team/ADP activity in relation to alcohol premises licensing has an impact on the local licensing regime in each area and alcohol-related health and crime outcomes. The research will also to take account of any other local initiatives to reduce alcohol related harms which might influence alcohol-related health and crime outcomes.</p> <p>Worked with multiagency partners to support agent purchase campaign which aims to raise awareness of the issue of</p>	
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	<p>Contribute to the review of Substance Misuse Policy in Schools.</p>	<p>adults buying alcohol for children and young people in the Scottish Borders at key periods in the year, with new legislation making it an offence to simply supply alcohol for anyone under 18.</p> <p>Two presentations and discussions have taken place within the Children and Young People's Leadership Group. Outcomes arising:</p> <p>Child Protection Committee and CYPLG now agreed to provide Licensing Board representations in response to protecting children objective.</p> <p>CYPLG responded to Licensing Policy review</p> <p>A mechanism for engaging teachers and young people in development of substance misuse education has been agreed which will include a review of substance use policy in schools.</p>	
<p>3. Ensuring a proactive and planned approach to responding to the needs of prisoners affected by problem drug and alcohol use and their</p>	<p>Transition from the CJA to Community Justice partnership delivery continues to embed itself. Maintain a pivotal role for ADP and CJ in the Community Justice</p>	<p>Criminal Justice Social Work and ADP sit on the local Community Justice Board.</p>	

<p>associated through care arrangements, including women</p>	<p>Outcomes Improvement Plan for Scottish Borders</p> <p>Enhance delivery of proactive and inclusive services in line with The Community Justice (Scotland) Act 2016, those on Statutory Court Orders and community disposals including diversion.</p> <p>Provide direct alcohol and drug support and guidance to women within the justice system or vulnerable and or at risk of entering the system.</p>	<p>Voluntary and Statutory Supervision delivers within an established pathway linking, prison and community based throughcare officers with alcohol and drug support services to ensure support opportunities are available to all service users.</p> <p>Addaction and BAS work in partnership with the developing CJ Women's Hub and Re Connect service.</p> <p>Ongoing refresher Drug Testing training delivered to DTTO case managers as required.</p> <p>Training calendar continues to be circulated for Criminal Justice inclusion.</p>	
<p>4. Continued implementation of improvement activity at a local level, based on the individualised</p>	<p>Participate in the self-validation process and develop an action plan in response to findings</p>	<p>The Quality Principles Group is established, however, changes in management in all three commissioned services has led to discontinuity over the</p>	

<p>recommendations within the Care Inspectorate Report, which examined local implementation of the <i>Quality Principles</i>.</p>		<p>time.</p> <p>A satisfaction survey was undertaken with IEP service users. Changes arising included access to one hit kits to provide citric acid.</p> <p>There were 15 training opportunities including 2 Workshops provided to the workforce between April 2017 and end March 2018. During this time there were 226 attendees.</p> <p>In addition 17 people were trained in Alcohol Brief Intervention by Borders Addiction Service staff over several sessions.</p> <p>The waiting times standard was not reached in 2017-18, however, following review in internal management of waiting times performance in Quarters 1&2 of 2018-19 is exceeding target.</p>	
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* SMART (*Specific, Measurable, Ambitious, Relevant, Time Bound*) measures where appropriate

3. FORMAL ARRANGEMENT FOR WORKING WITH LOCAL PARTNERS

What is the formal arrangement within your ADP for working with local partners including Integrated Authorities to report on the delivery of local outcomes.	Quarterly Performance Reports are reviewed by the ADP Board and Executive. Annual Reports and Delivery Plans and other associated documents are formally reported via the Joint Executive Management Team. The Drug Related Death Annual Report is presented to the Critical Services Oversight Group (CSOG).
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In submitting this completed Annual Report, we are confirming this has been signed off by both the ADP Chair and Integrated Authority Chief Officer.

APPENDIX 1:

1. **Please provide any feedback you have on this reporting template.**

It is helpful to maintain reporting requirements. It is helpful that there is consistency in Ministerial Priorities from last year. We note there are no priorities relating to children and families. When presenting the report to colleagues we find they are also interested in up to date data therefore we have prepared a 'technical' report including most recent nationally published data. We have attached this here for information.