

# **ADP Technical Report**

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## INTRODUCTION

This Technical Report has been prepared as an Appendix to the ADP Annual Report 2018/19. There was no update to targets for 2018/19.

Where KPI's have not been updated the most recent data is included in Appendix 1.

### Time trends for core indicators

All ADPs report on core outcomes to allow consistency across Scotland.

Scottish Borders has a benchmarking 'family'<sup>1</sup> which consists of seven similar local authority areas. These areas are:

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

Data is available on the core indicators at ADP level on the ScotPHO website.<sup>2</sup>

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

- Scotland average
- Scottish Borders
- Benchmarking Family Average

### Better or worse

Confidence intervals (where available) have been used to establish if there is a statistical significant difference when comparing Borders to the benchmarking family average and Scotland figures.

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<sup>1</sup> For further information on Local Government Benchmarking Framework please see link below:  
<http://www.improvementservice.org.uk/benchmarking/how-do-we-compare-councils.html>

<sup>2</sup> Available at: <http://www.scotpho.org.uk/>

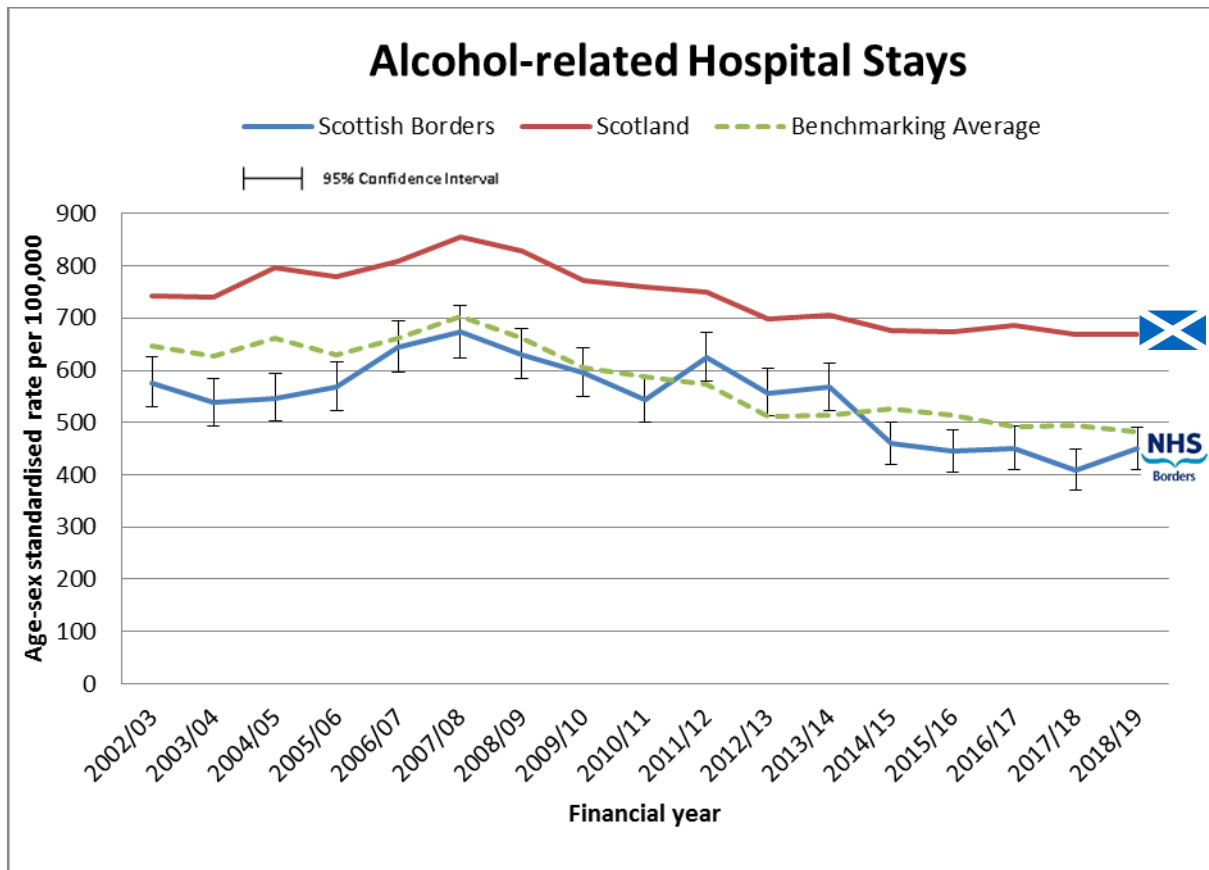
## ALCOHOL

### Alcohol-related hospital stays<sup>3</sup>

Nationally and locally the rate of alcohol related hospital stays are reducing. In 2018/19 the rate is 449.5 for Scottish Borders.

Borders is currently not significantly different than the benchmarking family.

Borders rate has consistently been better than the Scotland's average.

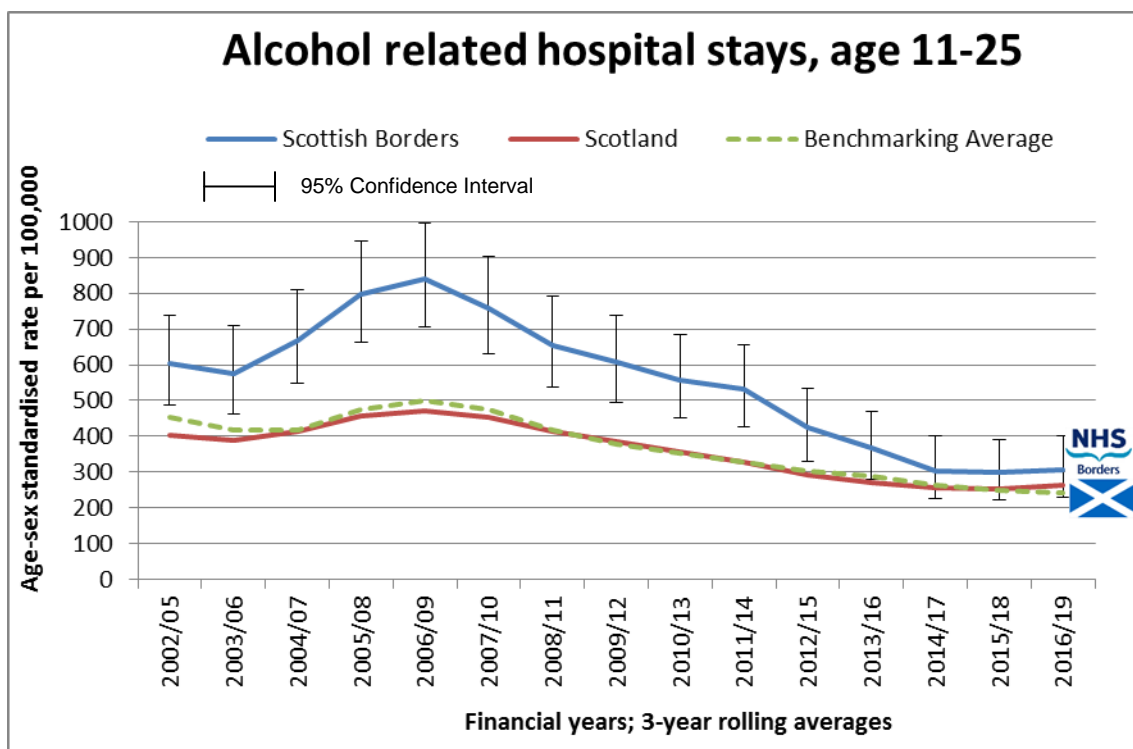


### Alcohol-related hospital stays, young people 11 – 25 age<sup>4</sup>

Alcohol related hospital stays of young people is reducing over the time period Scotland wide and locally. Although Borders figures are consistently above Scotland's and benchmarking average rate, since 2014/17 there is no significant difference.

<sup>3</sup> Alcohol-related hospital stays defined by ScotPHO as general acute inpatient and day case stays with diagnosis of alcohol misuse in any position. All rates have been standardised against the European standard population(ESP2013) and 2011-base population estimates

<sup>4</sup> General acute inpatient and day case stays in young people aged 11-25 years with a diagnosis of alcohol misuse in any position.

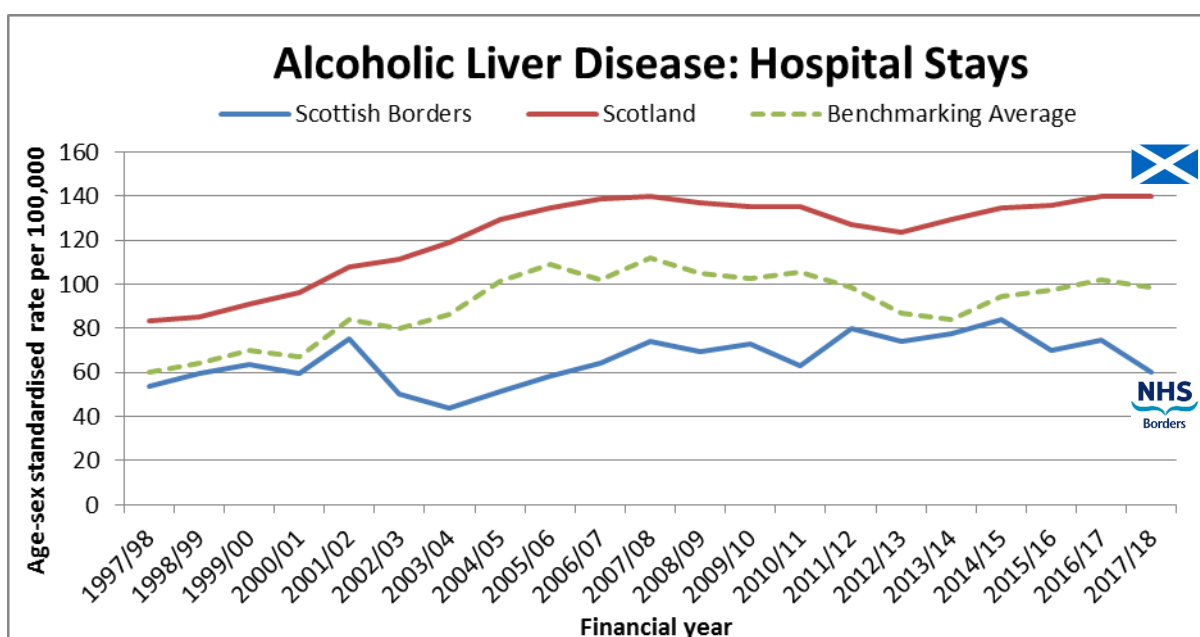


### Alcoholic liver disease

In Scotland there is an increasing trend for alcoholic liver disease hospital stays. Scotland's rate has increased by 68% from 83.2 in 1997/98 to 139.8 in 2017/18.

The trend in Borders also increased with a peak in the rate in 2014/15 at 83.8, however, has been gradually reducing to 60.2 in 2018/19.

Borders rate has consistently been lower than the Scotland and benchmarking average.

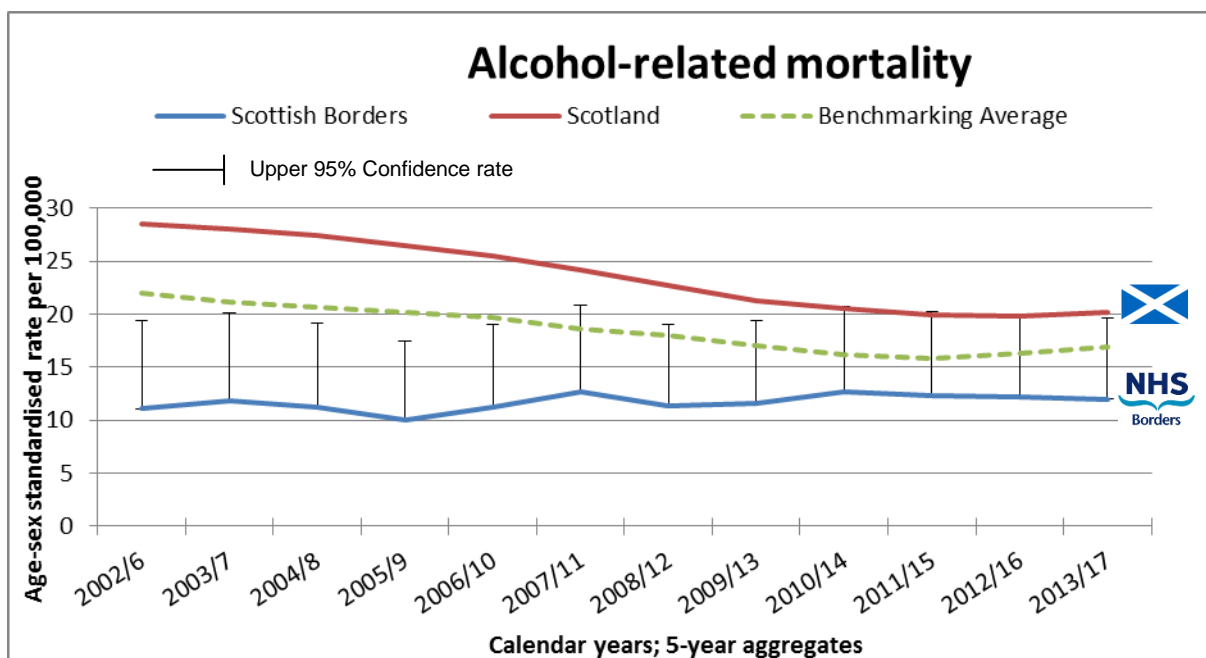


In Borders there were 12 new acute inpatients in 2017/18 with alcoholic liver disease. This compares to an average of 17.5 new inpatients between 2007/08 and 2017/18. The rate of new inpatients for 2017/18 for Borders is 8.9 – considerably lower than the national rate (20.5) and benchmarking family average (17.3).

### Alcohol-related mortality

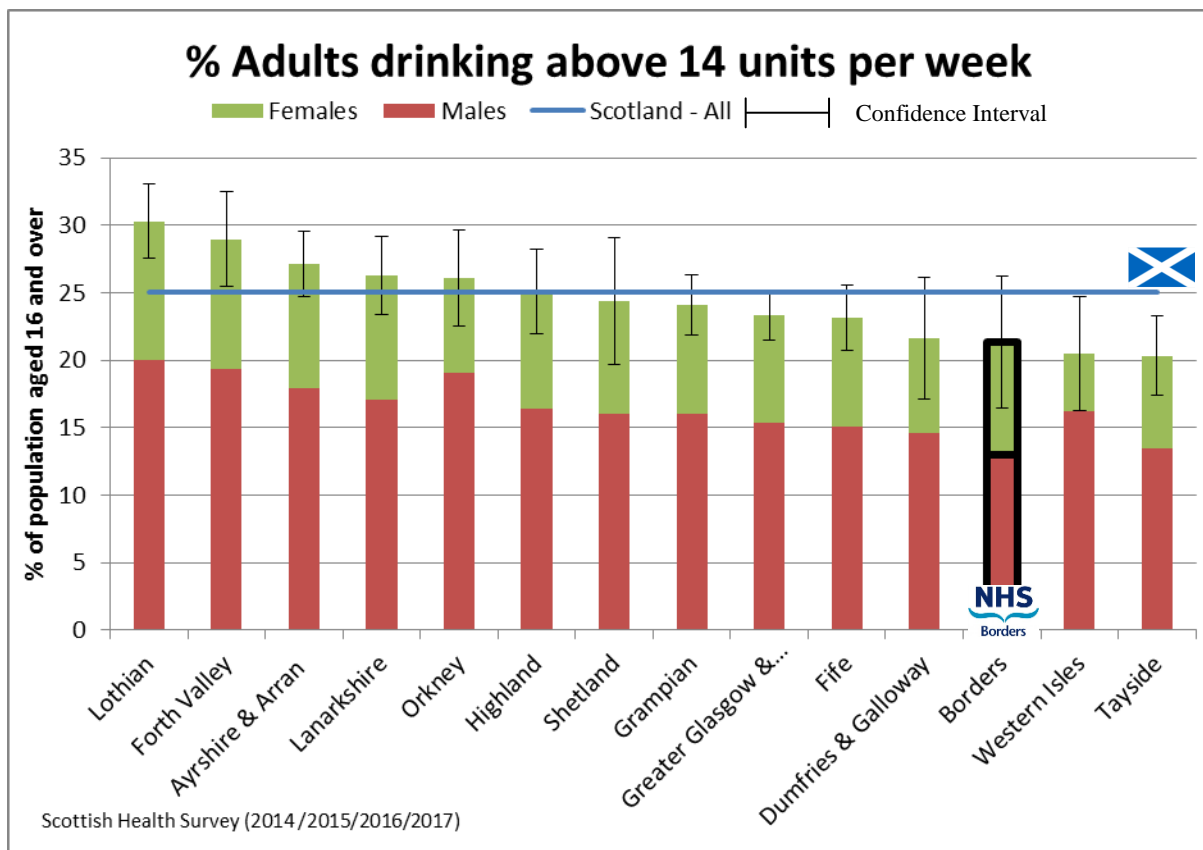
Levels of alcohol-related mortality in Borders remain fairly stable since records began. The latest 5 year average rate was 12.0 (2013/17) and is significantly better than Scotland figures (20.2) for the first time since 2009/13.

In Borders since 2007/11, there is no significant difference in rates of alcohol related mortality in comparison with benchmarking family.



### Individuals drinking out with government guidelines

According to Scottish Health Survey (2014/2015/2016/2017 combined), 21% of all adults (aged 16 and over) in Borders are drinking above low risk guidelines (14 units per week). Borders is not significantly different from the Scotland average of 25%.



In all health boards, a higher proportion of men than women drank out with the guidelines.

The proportion of males drinking at harmful levels in Borders had a significant drop from 38% (2012/15) to 29% (2014/17).

Scotland's male population drinking at harmful levels remained fairly stable (from 36% to 35%). There is no significant difference when comparing Borders and Scotland figures.

There is no/minimal change in the proportion female population drinking at harmful level from 2012/15 (17% Scotland; 16% Borders) to 2014/17 (17% Scotland; 15% Borders).

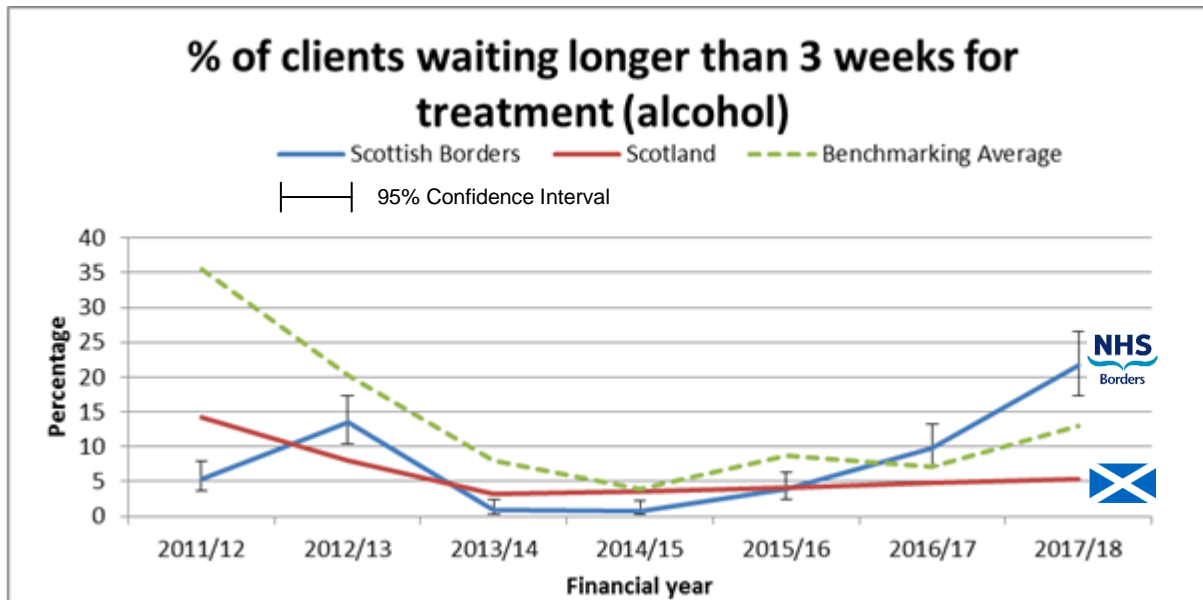
It is not possible to present benchmarking data across benchmarking family as this indicator is only available at Health Board level.

### Alcohol Treatment Waiting Times

The national standard is 90% of clients should start alcohol treatment within three weeks of referral. During 2017/18, 21.6% of clients in Scottish Borders waited longer

than three weeks to start treatment. This was significantly worse than the national average of 6.2% and benchmarking average of 13%.

The latest (Jan -Mar 2019) figures for Scottish Borders shows that 98% of alcohol clients were seen within three weeks of referral.



### Premises licences in force

It is difficult to interpret the following data since:

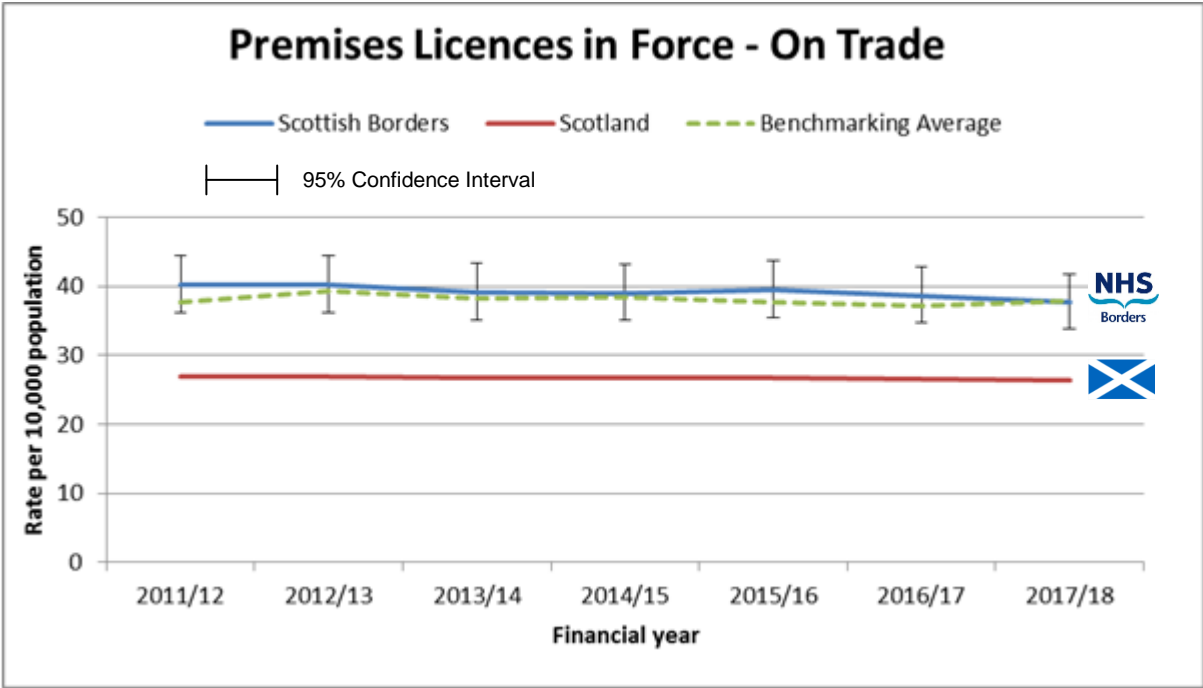
- Borders has a large number of small members' clubs which although licensed are often open for very restricted hours. It is not necessarily helpful to compare such licenses to, for example, large city centre pubs with seven day opening.
- The number of licensed premises does not indicate how much alcohol is sold, for example, a small cafe with a licensed deli will count as one premise alongside a 24 hour large supermarket.

We have voiced our hesitancy regarding using this data for benchmarking purposes and on this basis have not set a target for rates of licenses in force.

### On Trade

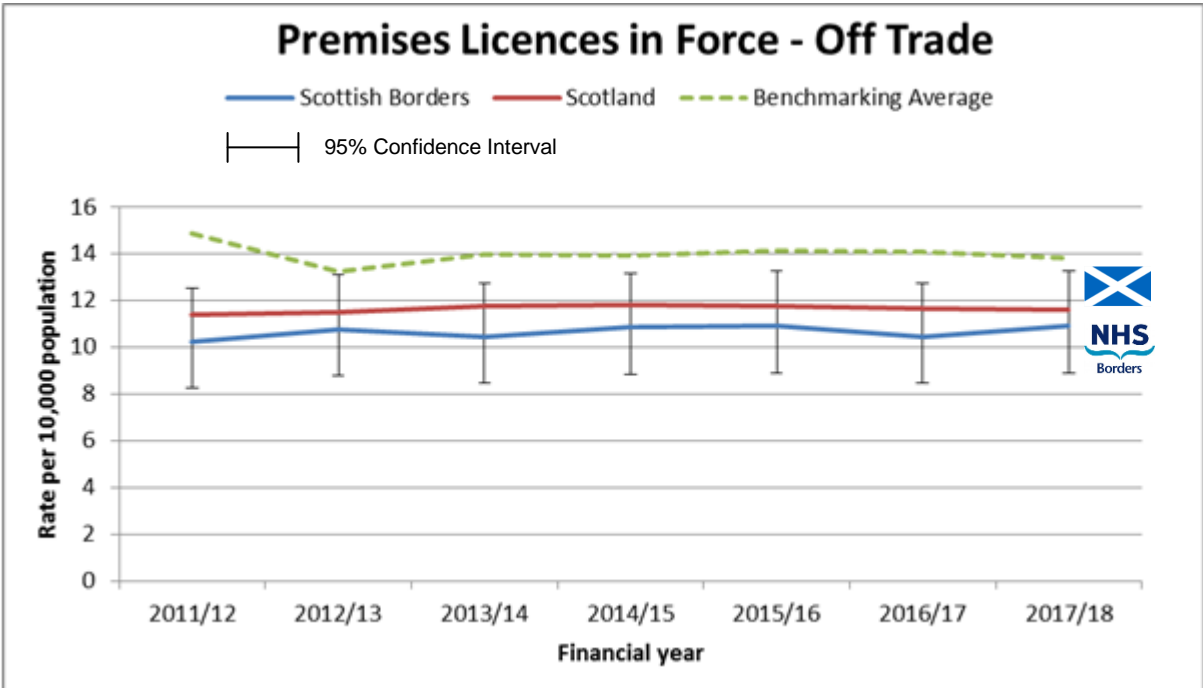
Scottish Borders has a very similar rate of on-trade premises licence per head of population when compared with benchmarking family average and is significantly higher than the Scotland average.





**Off Trade**

Scottish Borders off-sales premises per head of population is not significantly different from the Scotland average and significantly lower than benchmarking family.

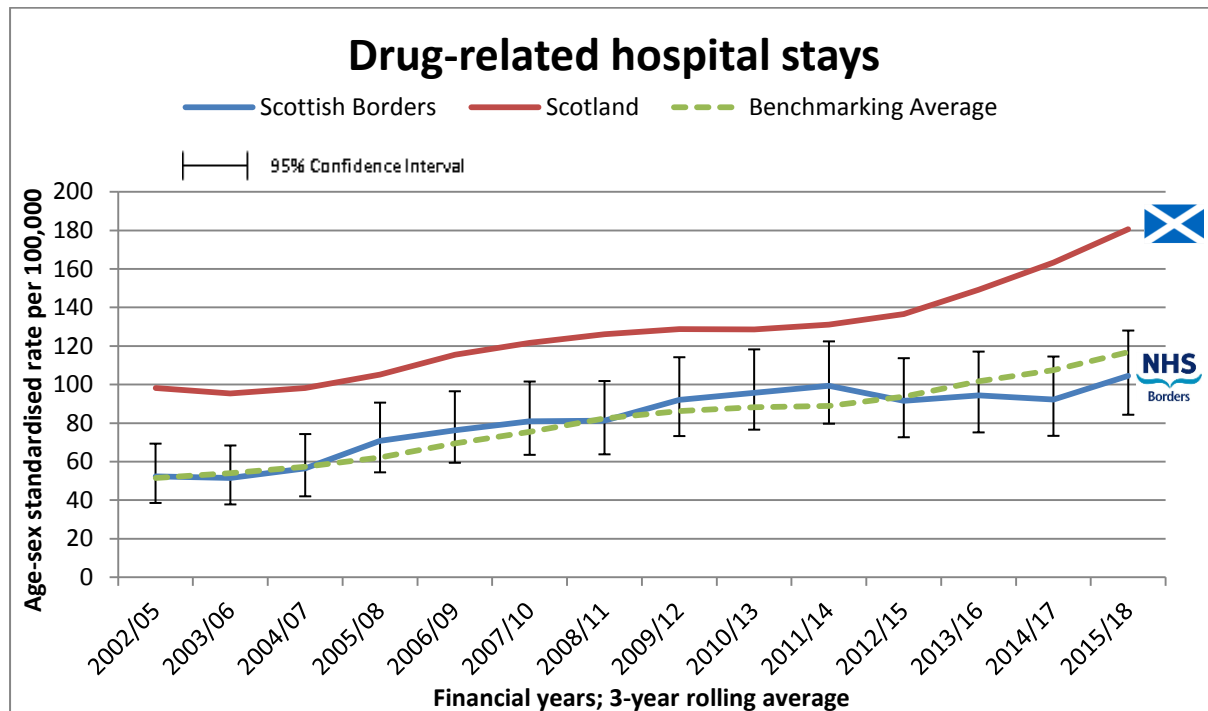


## DRUGS

### Drug-related hospital stays<sup>5</sup>

Scottish Borders is lower than Scotland's average (104.5/180.5) and similar to benchmarking family (116.9).

The trends for Scottish Borders, Scotland and benchmarking family average for drug related hospitals stays<sup>6</sup> are increasing over the time.



### Drug-related hospital stays, young people 11 – 25 age<sup>7</sup>

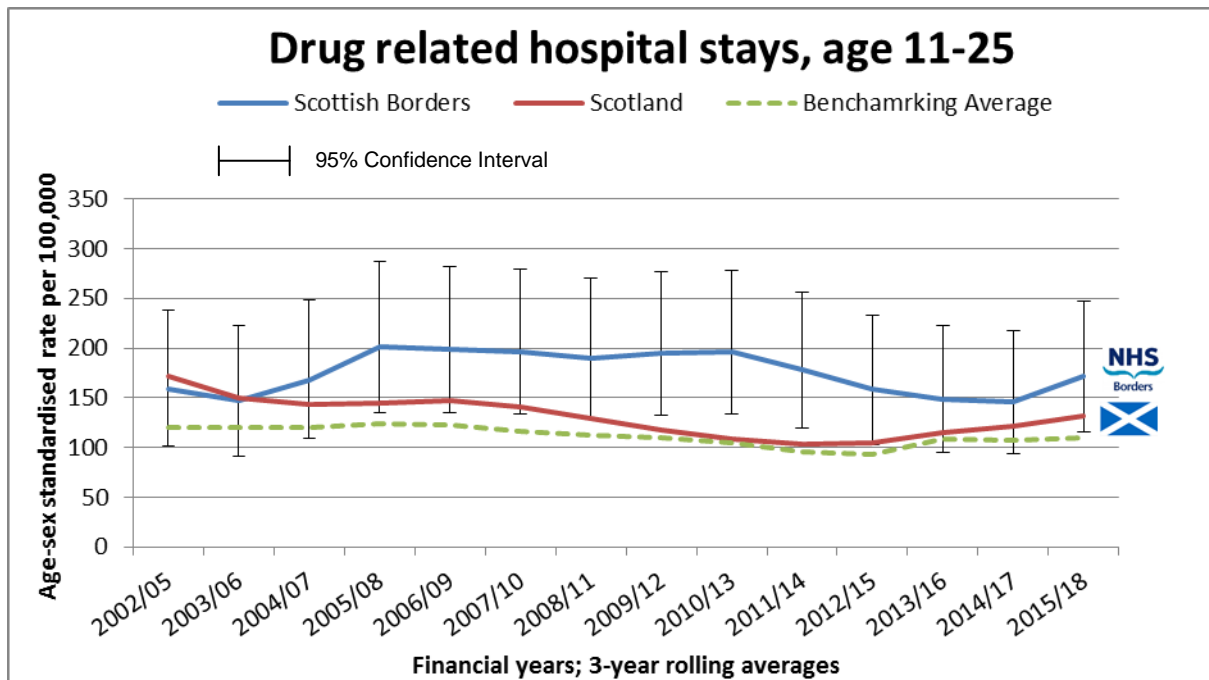
The rate of drug related hospital stays of young people in Borders remained fairly stable since 2002/05.

Latest Borders figures are significantly better than benchmarking family but not significantly different from Scotland .

<sup>5</sup> As from 2017/18 definition has been changed by ISD, now (some) cases of overdose are included that previously were not. Figures are recalculated retrospectively so data may not be consistent with reports presented previously.

<sup>6</sup> General acute inpatient and day case stays with diagnosis of drug misuse in any position (psychiatric hospitals not included); Up to six diagnoses are recorded per admission, and episodes with either a main or a supplementary diagnosis of drug misuse are included. ICD-10 codes as per DRHS publications, which include overdoses

<sup>7</sup> General acute inpatient and day case stays in young people aged 11-25 years with a diagnosis of drug misuse in any position.



### Drug-related Mortality

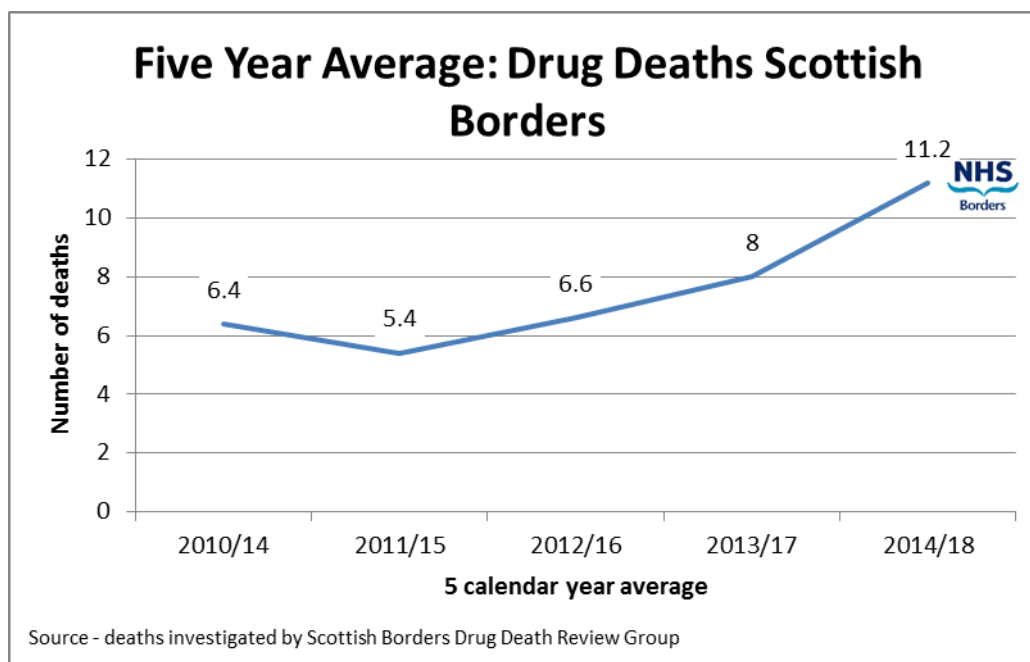
Ratio of drug-related mortality in Scotland is more than 4 times higher than in England & Wales.

### Ratio of the Scottish drug-death rate to that of <sup>8</sup>...

	Registration Year		
	2016	2017	2018
England & Wales	3.6	4.0	4.4
UK	2.9	3.2	3.4

Due to the small numbers involved in the Scottish Borders, caution should be taken when assessing any apparent trends. Therefore using five year averages is a better indication. The diagram below shows an increasing trend with an average of 11.2 deaths 2014/18 from 6.4 in 2010/14.

<sup>8</sup> Source – NRS Scotland <https://www.nrscotland.gov.uk/statistics-and-data/statistics/statistics-by-theme/vital-events/deaths/drug-related-deaths-in-scotland>



The table below shows drug related deaths reported by NRS in Scottish Borders in 2018 as a percentage of the population at risk estimated in 2015/16 compared with our benchmarking family.

Area	Estimated number of problem drug users (2015/16) <sup>9</sup>	Number of drug deaths according to NRS (2018)	Drug deaths as a percentage of the population at risk
<b>Borders</b>	<b>510</b>	<b>22</b>	<b>4.3%</b>
Moray	270	17	6.3%
Angus	800	13	1.6%
Argyll & Bute	560	9	1.6%
Stirling	1000	19	1.9%
East Lothian	920	18	2.0%
Midlothian	760	14	1.8%
Highland	1400	36	2.6%

<sup>9</sup> Problem drug use is defined as the problematic use of opioids (including illicit and prescribed methadone use) and/or the illicit use of benzodiazepines, and implies routine and prolonged use as opposed to recreational and occasional drug use. Data source – ISD.

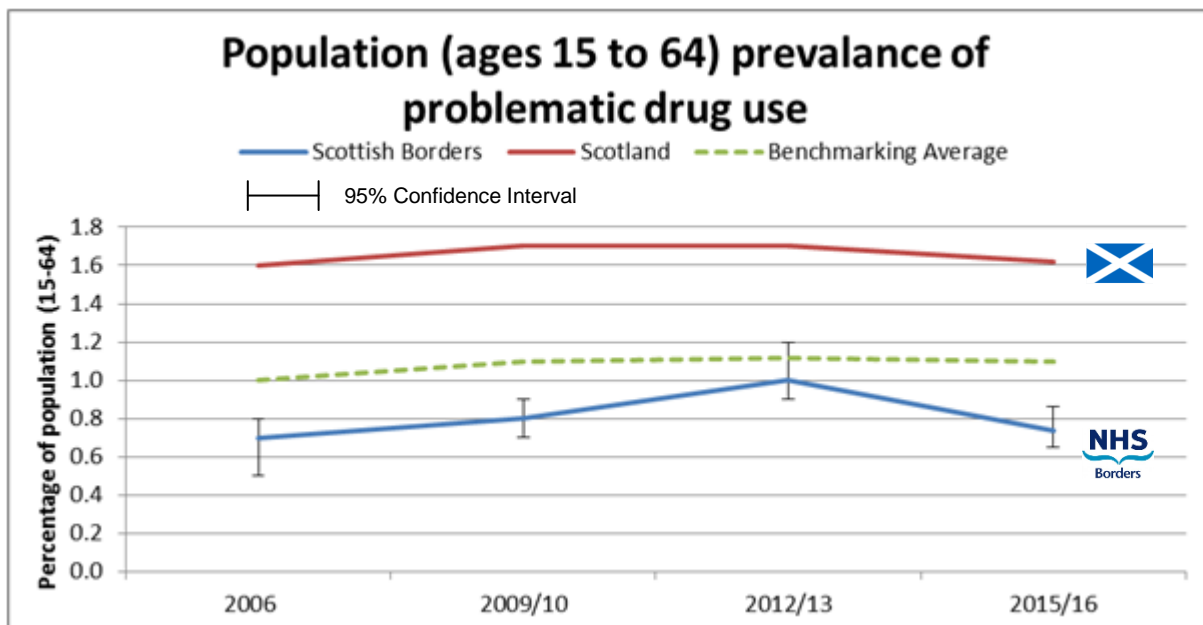
## Estimated prevalence of problem drug use

Estimating prevalence of problem drug use is done nationally<sup>10</sup> 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

Scotland, benchmarking family average and Scottish Borders prevalence of problem drug users has remained fairly stable in 10 years (2006 – 2015/16).

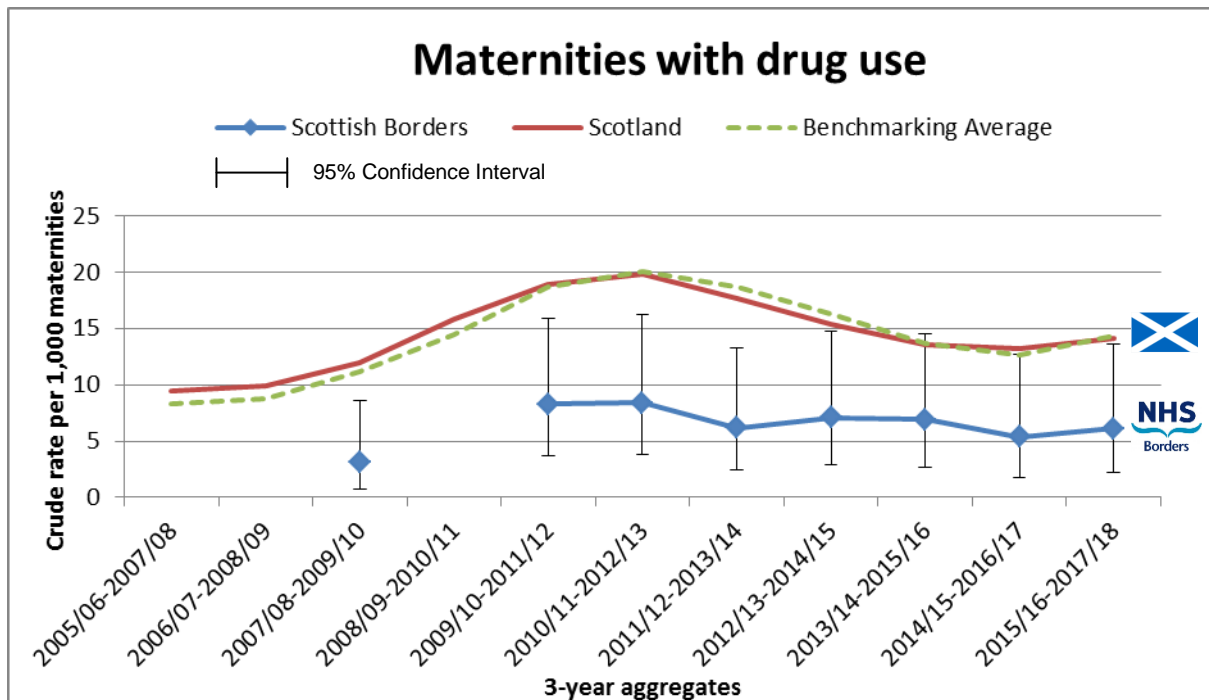
Borders prevalence numbers are significantly better than Scotland or benchmarking family average. There was a significant increase in Borders between 2009/10 and 2012/13 followed by significant decrease in 2015/16.



<sup>10</sup> Estimating the Prevalence of Problem Drug Use in Scotland (2015/16), ISD Scotland  
<http://www.isdscotland.org/Health-Topics/Drugs-and-Alcohol-Misuse/Drugs-Misuse/Prevalence-of-Problem-Drug-Use/>

## Maternities with Drug Use

The rate of maternities with drug use over the previous seven years in Borders has remained relatively stable. Almost all the time since records began Borders numbers are significantly better than Scotland (with exception in 2013/14-2015/16) and benchmarking family average (except 2013/14-2016/17 period).

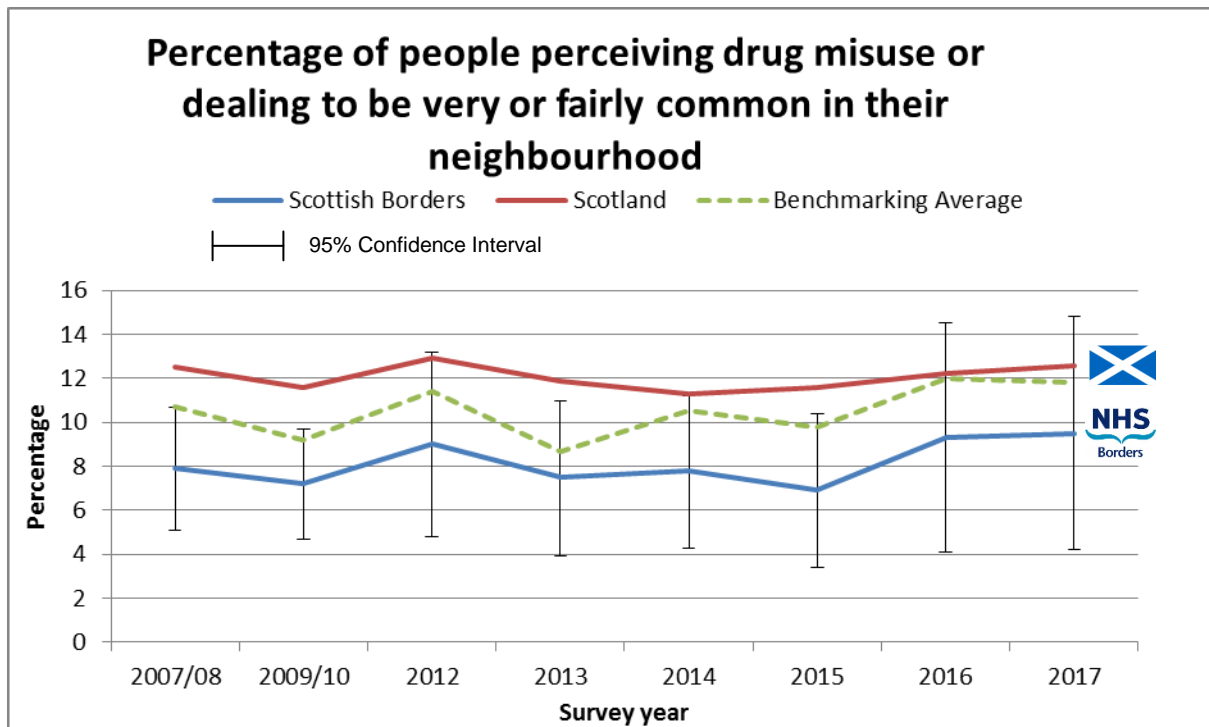


## Perception of Drug Misuse in Neighbourhood

Scotland, benchmarking family average and Borders perception of people of drug misuse or dealing to be very or fairly common in their neighbourhood remained fairly stable since the survey began in 2007.

Borders figures (varying between 7.2% and 9.5%) are consistently lower than Scotland and benchmarking average, however, (due to high confidence intervals) the difference is not significant for the last two years.

In 2017 (latest data) Borders had highest percentage (9.5%) since the survey began, however, it is not significantly different from previous years.

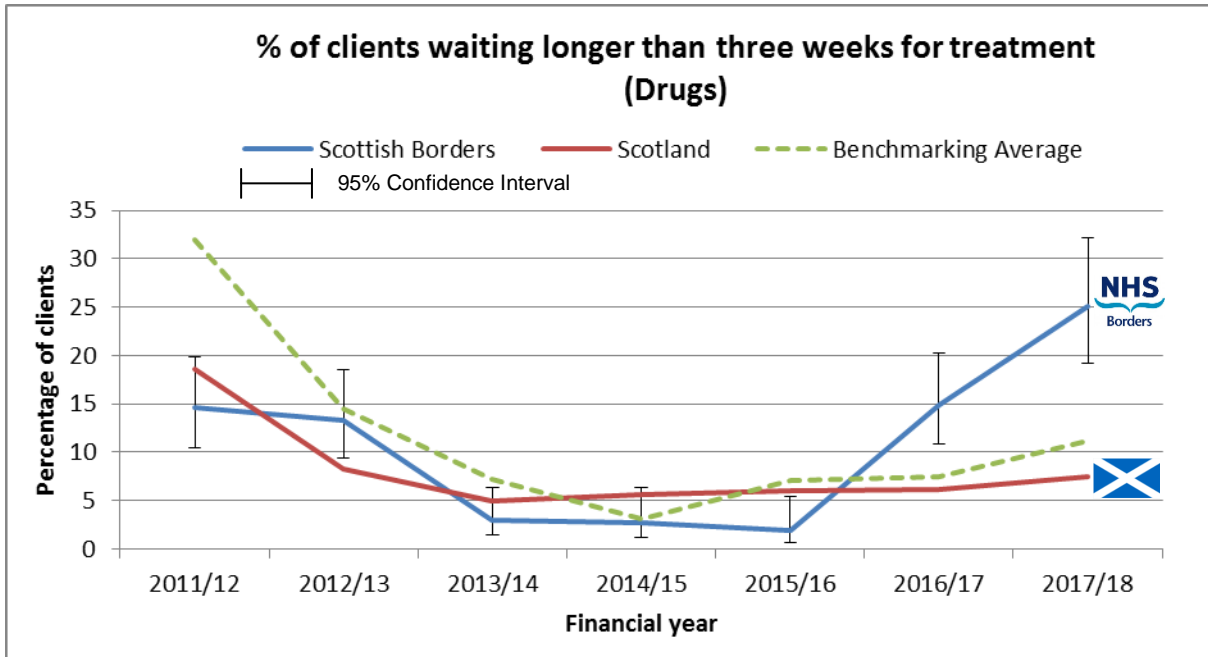


### Drug Treatment Waiting Times

The national standard is 90% of clients should start treatment within three weeks of referral.

During 2017/18, one in four (25.1%) of Scottish Borders clients waited longer than three weeks to start drug treatment.

The latest (Jan-Mar 2019) figures for Scottish Borders shows that 95% of drug clients were seen within three weeks of referral.



## RATES OF ANTISOCIAL BEHAVIOUR ORDERS

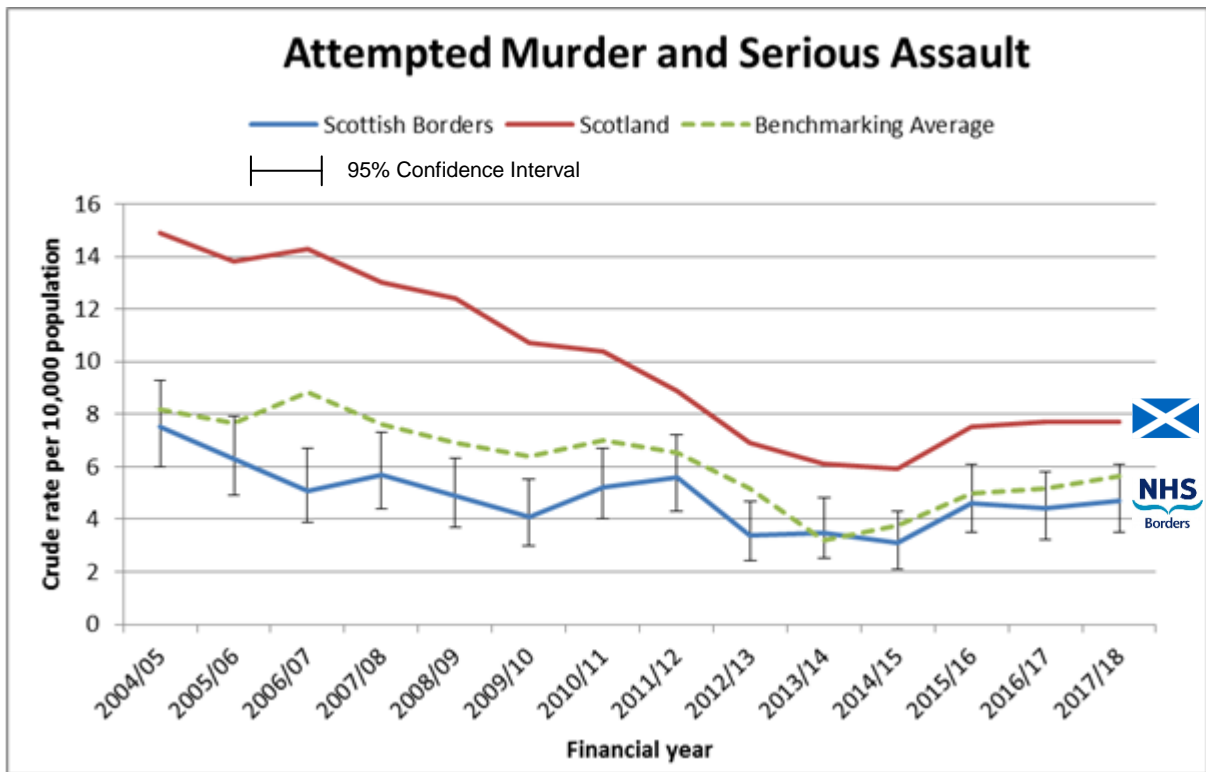
The rates of Antisocial Behaviour Orders are classed as a core indicator as anti-social behaviour incidents often involve alcohol.

### Attempted Murder and Serious Assault

Borders rate has consistently been better than the Scotland average for attempted murder and serious assault and has been relatively stable since 2006/07.

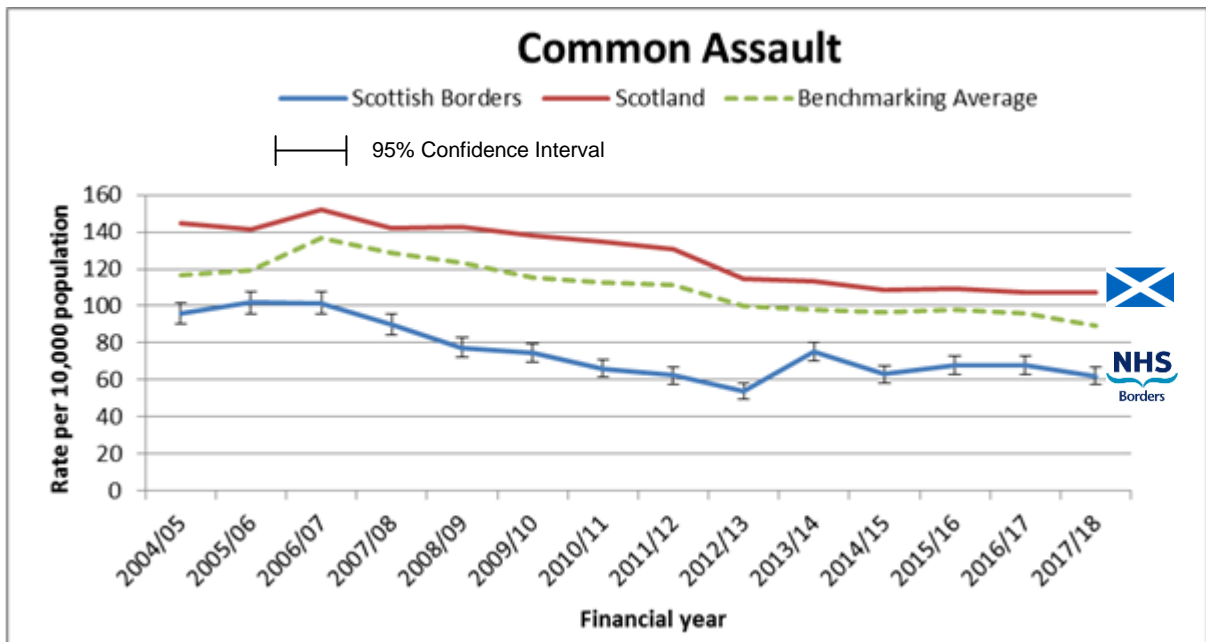
When compared to benchmarking family average, only between 2005/06 and 2010/11 was Borders performing better. During other periods, including the latest, there is no significantly difference.





### Common Assault

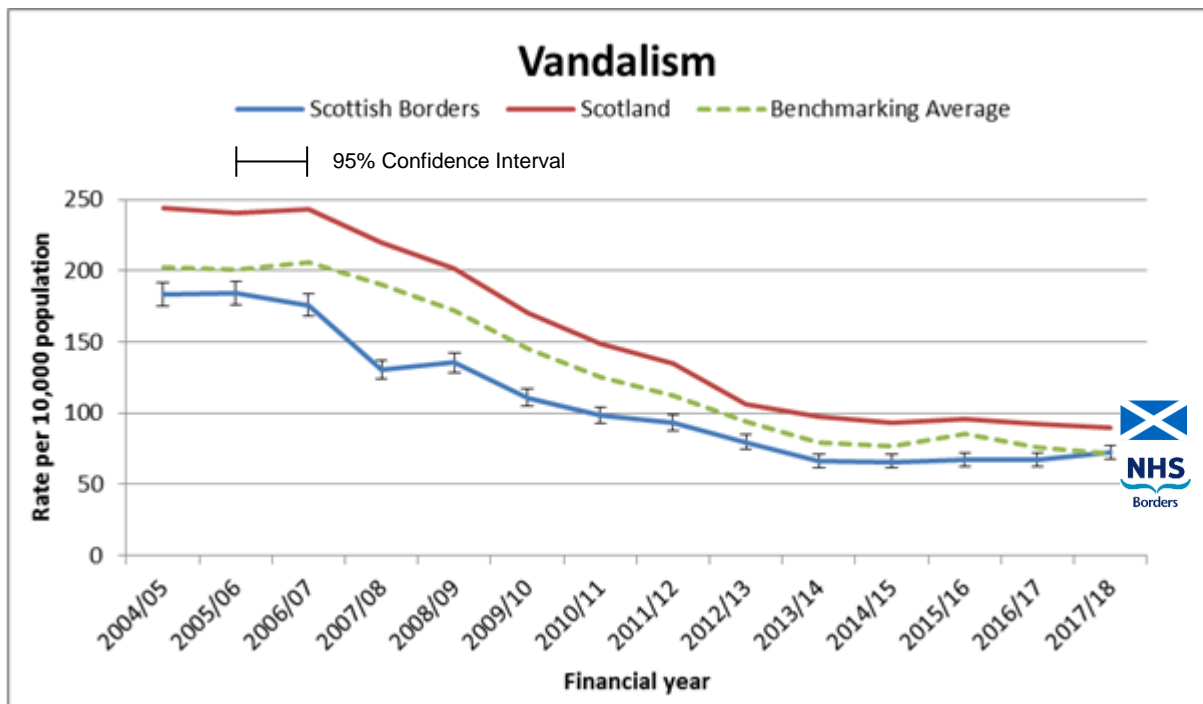
Scottish Borders has significantly lower rates of Antisocial Behaviour Orders for common assault in comparison to Scotland and benchmarking family average. The rate for Borders went significantly down to 62 from 68 in 2016/17 but has remained relatively stable since 2010/11.



## Vandalism

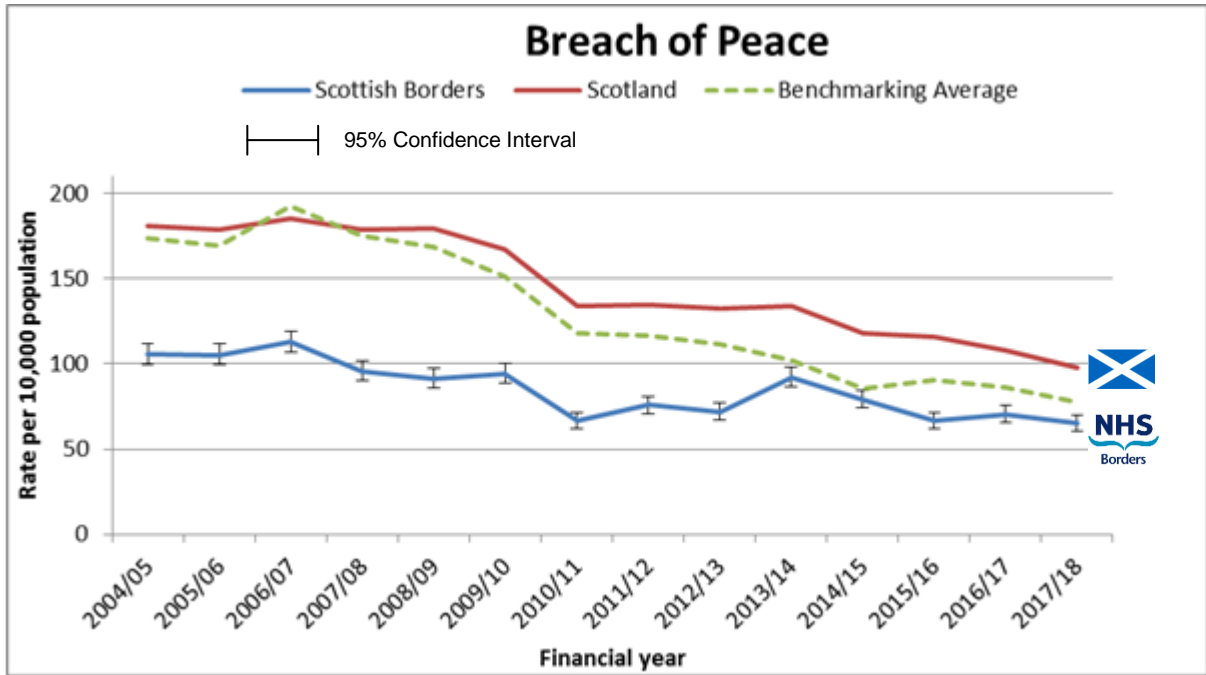
Scottish Borders has significantly lower rates of Antisocial Behaviour Orders for vandalism in comparison to the Scotland figures, however, there is no significant difference when compared with benchmarking family.

Borders had significant rate increase to 73 in 2017/18 after having lowest ever rate for 2013/14 – 2016/17 (average 67).



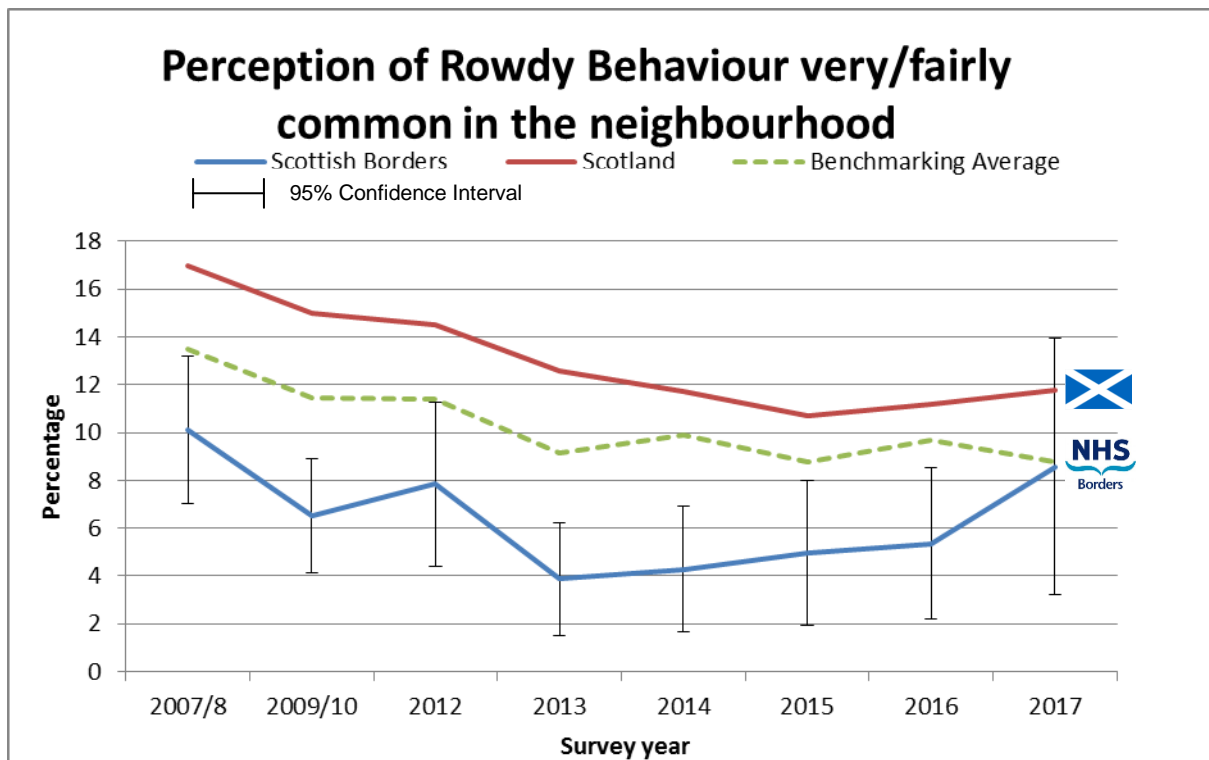
## Breach of Peace

Scottish Borders has significantly lower rates for Breach of Peace in comparison to the Scotland and benchmarking family average. Borders rate of 65 is the lowest since the records began in 2004/05 (106) and been relatively stable for the last 3 years.






**People perceiving rowdy behaviour very/fairly common in their neighbourhood**

The percentage of people perceiving rowdy behaviour to be very/fairly common in their neighbourhood in Scottish Borders in 2017 not significantly different than Scotland or benchmarking family average. This is the first time it has not been significantly lower.






## PROGRESS AGAINST TARGETS

### RAG Key






	Under Performing	Current performance is significantly outwith the target set.
	Slightly Below Trajectory	Current performance is moderately outwith the target set.
	Meeting Trajectory	Current performance matches the target set

The following table demonstrates progress against the targets set within the ADP Delivery Plan 2015-2018. This includes only progress where data has been updated.

Target	Baseline	Current 2017/18 (unless otherwise indicated)	RAG
Reduce rate of alcohol related hospital stays by 2.5% to 552 by 2018 and 5% to 538 by 2020.	566 (2013/14)	476 <sup>11</sup>	
Reduce prevalence of individuals exceeding daily/weekly drinking limit to 42% by 2018 and 41% by 2020.	43% (2008/11)	21% <sup>12</sup> (2014/17)	
<i>Reduce rate of attempted murder and serious assault by 2.5% to 3.3 by 2018 and 5% to 3.2 by 2020.</i>	3.4 (2012/13)	4.7	Targets under review
<i>Reduce rate of common assault by 2.5% to 52.4 by 2018 and by 5% to 51.1 by 2020</i>	53.8 (2012-13)	62.0	
<i>Reduce rate of vandalism by 5% to 77.4 by 2018 and 75.4 by 2020</i>	79.4 (2012-13)	72.5	
<i>Reduce rate of Breach of Peace by 2.5% to 69.8 by 2018 and by 5% to 68.0 by 2020</i>	71.6	65.1	
95% of clients wait no longer than 3 weeks for treatment	86.5% (A) 86.8% (D) (2012/13)	98% (A) 95% (D) (Q4 2017/18)	

<sup>11</sup> Source – ScotPho.

<sup>12</sup> The change in definition (daily drinking limit taken out and weekly units to men reduced to 14) had an impact on prevalence numbers.

Target	Baseline	Current 2017/18 (unless otherwise indicated)	RAG
Reduce rate of drug related hospital stays by 2.5% to 122 by 2018 and 5% to a rate of 118	125.2 <sup>13</sup> (2013/14)	132.5 <sup>13</sup>	
Reduce drug related deaths (by drug users) to be 4 or fewer by 2020.	5 (2013)	21 <sup>14</sup> (2018)	
Reduce rate of maternities with drug use to 9.5 by 2018 and 9 by 2020	8.4 (2010/11 – 2012/13)	6.1 (2015/16 - 2017/18)	
Reduce perception of drug misuse in neighbourhood by 2.5% to 7.3% in 2018 and by 5% in 2020 to 7.1%	7.5% (2013)	9.5% (2017)	
Improve compliance with SDMD Initial assessment completeness to 100% by 2018	80.2% (2012-13)	99%	
Improve compliance with SDMD follow up review to 100% by 2018 <i>No updated data available</i>	20.6% (2012-13)	21.3% (2015-16)  Data not updated	

<sup>13</sup> The definition for drug related hospital stays has been changed and now includes overdoses. The target includes combined stays of general acute and psychiatric hospitals.

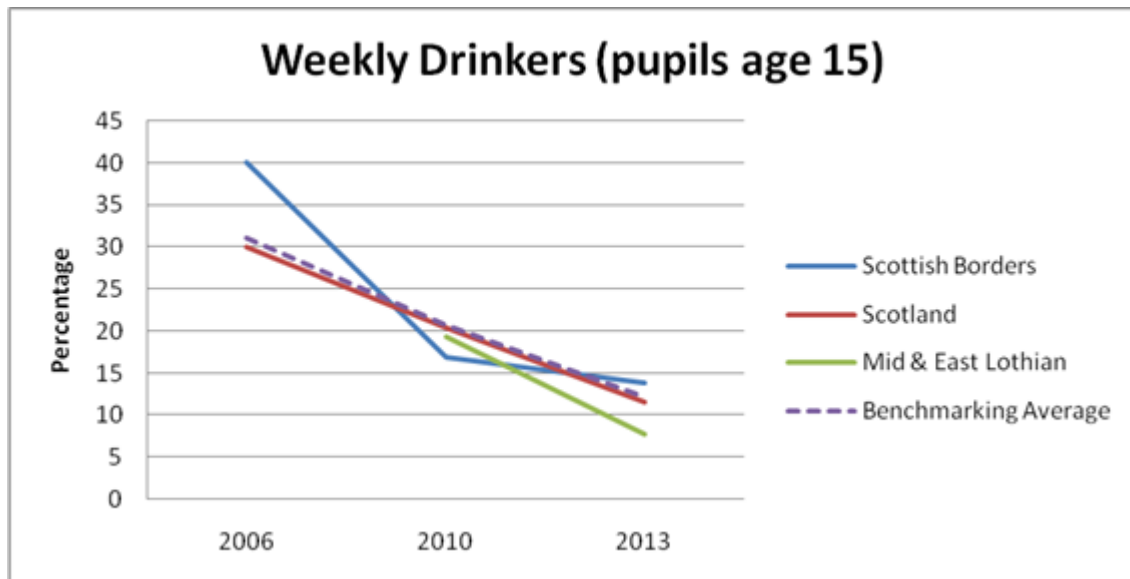
<sup>14</sup> Source: Borders Drug Related Death Group.

## APPENDIX 1

### Weekly drinkers (pupils age 15yrs)

ScotPho last update Dec-2014; **next update due Feb-2020.**

The percentage of pupils regularly drinking has decreased over time for Scottish Borders, however is slightly above both Scotland and best performing benchmarking family area (Mid and East Lothian).

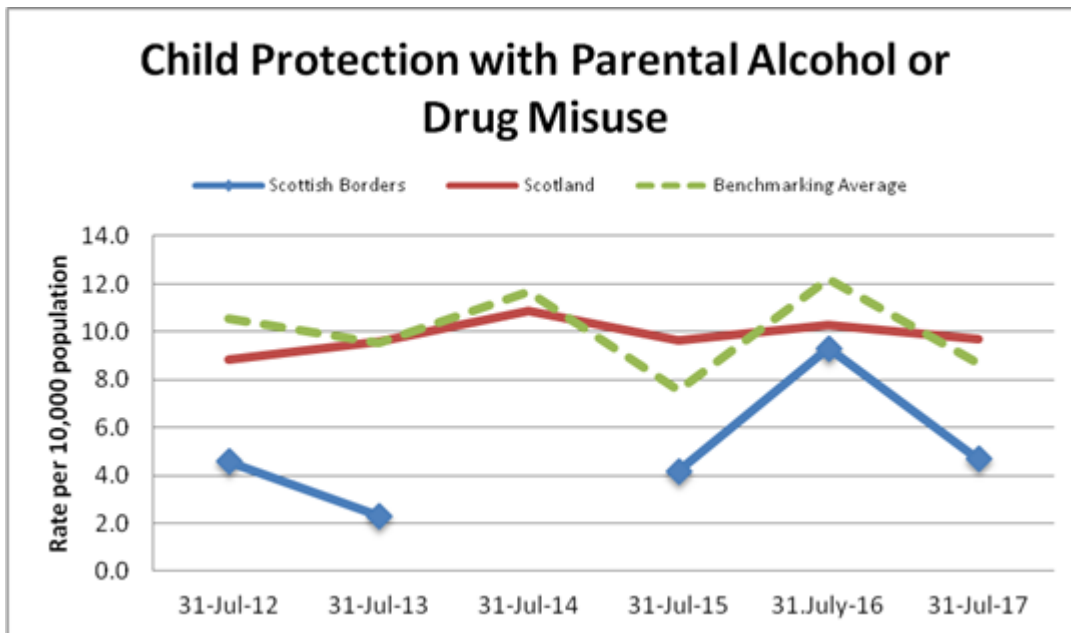


### Child Protection with parental alcohol misuse

ScotPho **next update Jun-2020.**

Data is only available for Scottish Borders for this indicator for five years. As at 31 July 2017, the rate of children for whom parental alcohol or drug misuse was identified on the child protection register was 4.7 per 10,000. Scottish Borders was significantly better than the Scottish average. Angus was the best performing benchmarking family.

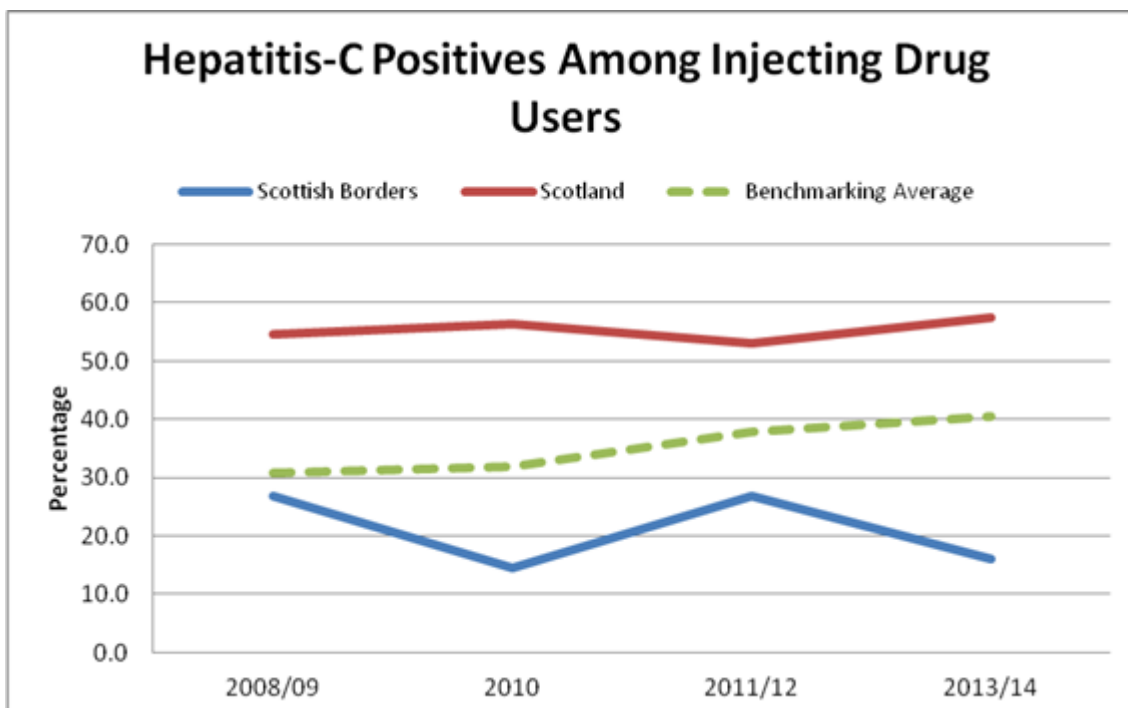
Please note this data is difficult to interpret as the numbers of child protection cases is relatively low. Also, there may be variance in accuracy of recording (e.g. some areas may be more likely to note parental substance use); there may also be variance in the rates per population of children who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



### Hepatitis C positive among injecting drug users

ScotPho last update May 2018; next update Oct-2019.

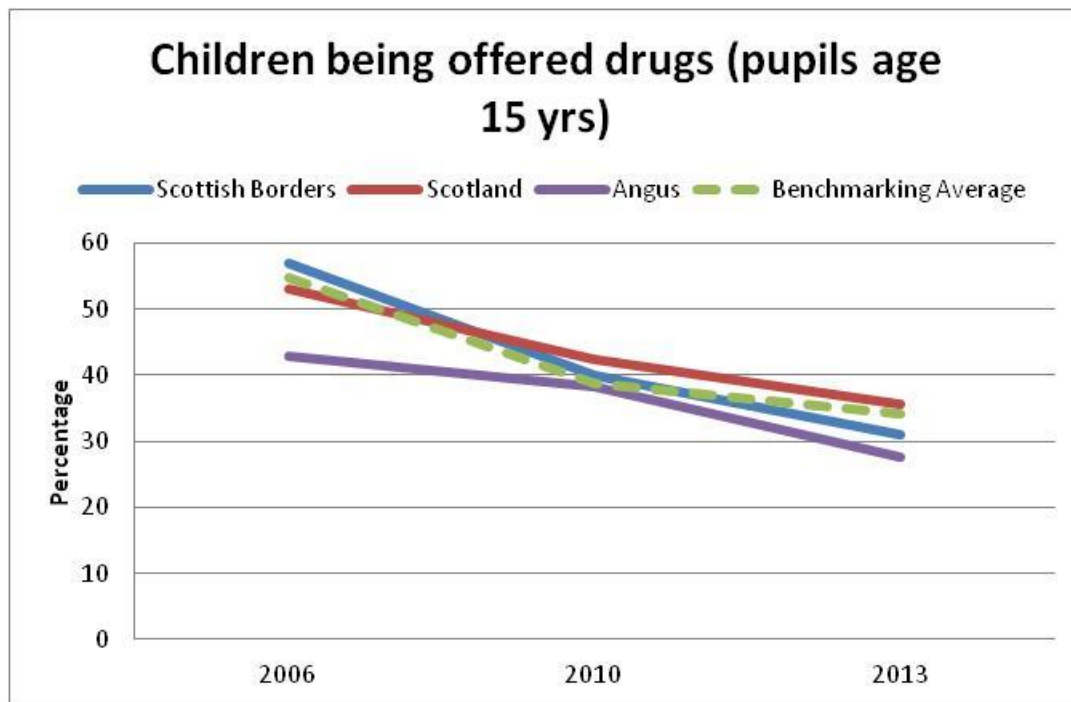
The percentage of injecting drug users who test positive for Hepatitis C antibody in Scottish Borders remains lower than the national average. Scottish Borders is the area for 2013-14 with the lowest percentage within the benchmarking family.



## Children being offered drugs (pupils age 15 yrs)

ScotPho last update Dec 2014; next update Feb-2020.

The percentage of pupils being offered drugs has continued to decrease from 2006 until 2013 and Scottish Borders is below Scotland. Angus is the best performing area from the benchmarking family.



## Percentage of 15 year olds using drugs in previous month

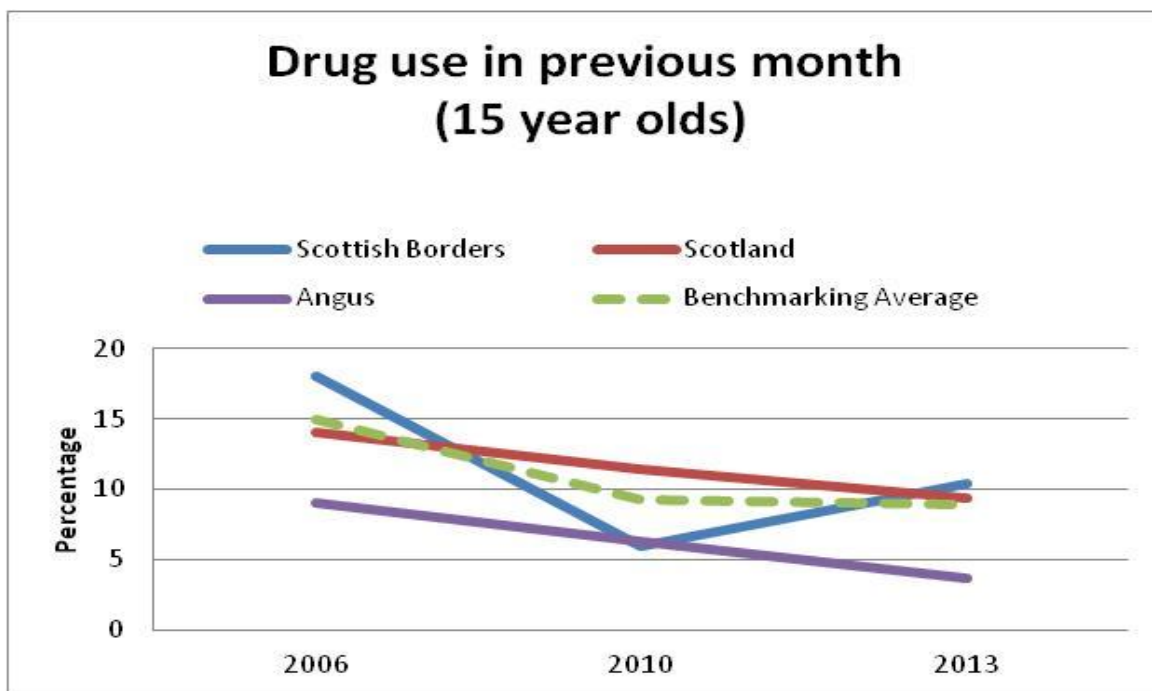
ScotPho last update Dec 2014; next update Feb-2020.

For the 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 to 1,706. It may be that the increased number of participants has resulted in more reliable data. There is no local intelligence which suggests drug use is increasing in young people in Borders.

The percentage of 15 year olds reporting drug use in previous months has increased between 2010 and 2013 and is above the Scottish average. A 10% rate of drug use equates to 66 respondents.

The best performing area in the benchmarking family was Angus.

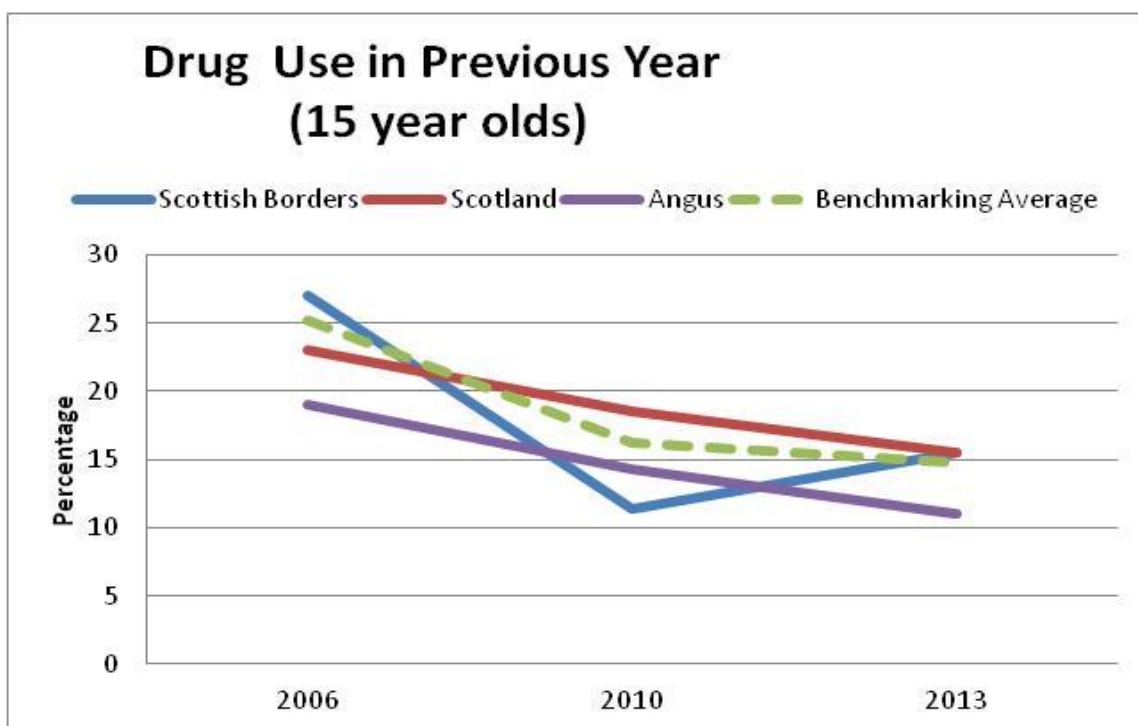




#### Percentage of 15 year olds using drug in previous year

ScotPho last update Dec 2014; next update Feb-2020.

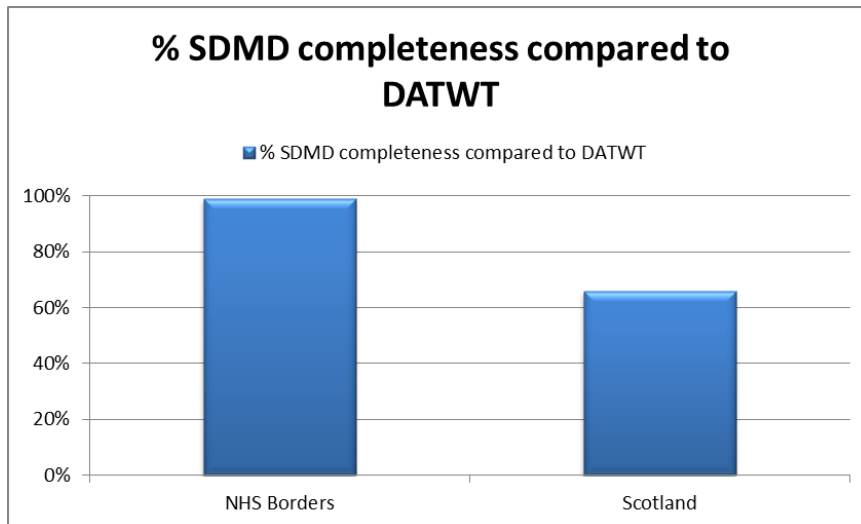
As above the percentage of 15 year olds reporting drug use in previous year has increased in most recent data available and above Scottish average. A 16% rate of drug use in the previous year equates to 106 respondents.



## Scottish Drugs Misuse Database (SDMD) Compliance

### Initial Assessment

Scottish Borders compliance for initial assessment on Scottish Drugs Misuse Database was at 99% in 2016-17 (higher than Scottish average). Benchmarking family unavailable.



### Follow-up

Scottish Borders compliance for carrying out a follow up assessments 10-14 weeks after initial assessment and reporting this on SDMD was 18.7% for 2016/17. For the last two years there is no significant difference between Borders, Scotland and benchmarking family figures.

