

Borders NHS Board



Meeting Date: 4 February 2021

Approved by:	Dr Tim Patterson, Joint Director of Public Health
Author:	Fiona Doig, Head of Health Improvement/Strategic Lead Alcohol and Drug Partnership Susan Elliot, Alcohol and Drug Partnership Coordinator
ALCOHOL AND DRUG PARTNERSHIP (ADP) ANNUAL REPORT	
Purpose of Report:	
The purpose of this report is to brief the Board on the content of the ADP Annual Report 2019-20 (Appendix 1) and to provide a brief update on current service activity.	
Recommendations:	
The Board is asked to note the report.	
Approval Pathways:	
This report has been endorsed by the ADP.	
Executive Summary:	
<p>Borders ADP is a partnership of agencies and services involved with drugs and alcohol. It provides strategic direction to reduce the impact of problematic alcohol and drug use. It is chaired by the Director of Public Health and the Vice Chair is the Chief Social Work & Public Protection Officer. Membership includes officers from NHS Borders, Scottish Borders Council, Police Scotland and Third Sector.</p> <p>Border ADP Annual Report 2019-20 was submitted to Scottish Government using the template provided. Guidance notes for the template confirm that it is not expected that ADPs will have all options in place.</p> <p>The Annual Report shows positive progress in many of the reporting areas and highlights are presented below. There are some areas which the ADP will seek to improve in future work. There is a two year delivery plan (2020 – 2022) in place which is monitored by the ADP Board.</p> <p>Highlights:</p> <ul style="list-style-type: none"> • Substance Use Education (p3; section 2.3) – A new substance use education resource (SUE) was launched in November 2019 in partnership with Education, Joint Health Improvement Team, Crew and Police Scotland. • Reducing barriers to treatment/prescribing (p5; sections 3.2; 3.4): Assertive Engagement Service (ES Team) – The ES Team was commissioned from April 2019 and supports both retention and active engagement in services for some of our most vulnerable clients. The staff team is employed by Borders Addiction Service and We Are With You. 	

Pre Covid-19 the team developed and supported drop-in clinics and Eyemouth Hub. The service has received very positive feedback from clients and wider stakeholders. Borders Addiction Service has also worked towards same day prescribing of Opioid Substitution Therapy (OST), e.g. methadone, and is currently increasing the availability of new methods of OST delivery.

- Support for children impacted by parental substance use (CAPSM) (p13; section 4.5) – A new CAPSM link worker service was commissioned from April 2019 and works closely with Children and Families Social Work to provide support to CAPSM children, parents, expectant mothers and carers. The service has received very positive feedback from clients and wider stakeholders.

Areas for improvement

The following areas were highlighted in the 2020-2023 ADP Strategy Refresh:

- Involvement of lived experience (p7: section 3.9) – A Co-production Group is meeting on a monthly basis to take this work forward.
- Joint protocols for people with concurrent alcohol and drugs and mental health problems (p9: section 3.14) - This is a piece of work to be progressed in partnership with the ES Team and wider Mental Health Services
- Alcohol Related Deaths (p11; section 3.20) – at the moment there are no arrangements in place to routinely review all alcohol related deaths. Alcohol Focus Scotland (AFS) has produced a toolkit for ADPs to consider for this process. AFS and a national ADP Support Team member are attending February 2021 ADP Board meeting.

The Annual Report also presents a Financial Framework (p18) outlining income and expenditure.

Update on service activity during COVID

The Board will wish to note that all commissioned services (Borders Addiction Service, We Are With You, Action for Children Chimes Service) continued to accept referrals and, where required, provide face-to-face appointments for individuals including same day prescribing of OST.

Recovery activities (e.g. Mutual Aid Partnership Groups; Creative Writing Group) continue to be delivered online.

Referrals dropped during 'lockdown' but have been increasing over recent months although they are not yet at pre Covid-19 levels.

Preventing drug related deaths

Prevention of drug related deaths remains a priority for all ADP partners. The National Records of Scotland (NRS), January – December 2019 Drugs Deaths Report reported 16 deaths in 2019 (compared to 21 in 2018).

Board members will be aware of the First Minister's statement of 21.1.21 which announced additional funding to prevent Drug Related Deaths. At the time of writing we have not received details of local ADP allocation.

Impact of item/issues on:

Strategic Context

The report and ADP Strategy and Delivery Plan align to Rights, Respect and Recovery, Scotland's alcohol and drugs strategy.

Patient Safety/Clinical Impact	Effective, timely treatment is a protective factor for Drug Related deaths.
Staffing/Workforce	This is an annual report therefore no impact on staffing
Finance/Resources	An annual summary is included in the report. ADP funding from Scottish Government is contingent on delivery of Ministerial Priorities.
Risk Implications	Engagement with people who have alcohol and drug problems can be challenging and many social and economic influences outside the control of the ADP will impact on the success of the initiatives. If agencies fail to prioritise this area of work outcomes may not be achieved.
Equality and Diversity	A Health Inequalities Impact Assessment was completed for the ADP Strategy.
Consultation	The Annual Report was produced by the ADP Support Team in consultation with commissioned alcohol and drugs services and a representative from Borders Recovery Community. The Report has been noted by Borders Integrated Joint Board
Glossary	ADP – Alcohol and Drugs Partnership

Appendix 1 – ADP Annual Report

ALCOHOL AND DRUG PARTNERSHIP ANNUAL REVIEW 2019/20 (Borders)

- I. **Delivery progress**
- II. **Financial framework**

This form is designed to capture your **progress during the financial year 2019/20** against the Rights, Respect and Recovery strategy including the Drug Deaths Task Force emergency response paper and the Alcohol Framework 2018. We recognise that each ADP is on a journey of improvement and it is likely that further progress has been made since 2019/20. Please note that we have opted for a tick box approach for this annual review but want to emphasise that the options provided are for ease of completion and it is not expected that every ADP will have all options in place. We have also included open text questions where you can share details of progress in more detail.

The data provided in this form will allow us to provide updates and assurance to Scottish Ministers around ADP delivery. The data will also be shared with Public Health Scotland (PHS) evaluation team to inform the monitoring and evaluation of rights, respect and recovery (MERRR). This data is due to be published in 2021.

We do not intend to publish the completed forms on our website but encourage ADPs to publish their own submissions as a part of their annual reports, in line with good governance and transparency. All data will be shared with PHS to inform the MERRR and excerpts and/or summary data from the submission will be used in published MERRR reports. It should also be noted that, the data provided will be available on request under freedom of information regulations.

In submitting this completed Annual Review you are confirming that this partnership response has been signed off by your ADP, the ADP Chair and Integrated Authority Chief Officer.

The Scottish Government copy should be sent by **Wednesday 14th October 2020** to: alcoholanddrugdelivery@gov.scot

NAME OF ADP: **Borders**

Key contact:

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I. DELIVERY PROGRESS REPORT

1. Representation

1.1 Was there representation from the following local strategic partnerships on the ADP?

Community Justice Partnership	Y
Children's Partnership	Y
Integration Authority	Y

1.2 What organisations are represented on the ADP and who was the chair during 2019/20?

Chair: Dr Tim Patterson, Joint Director of Public Health, NHS Borders and Scottish Borders Council

Representation

The public sector:

Police Scotland	Y
Public Health Scotland	N
Alcohol and drug services	Y
NHS Board strategic planning	Y
Integration Authority	Y
Scottish Prison Service (where there is a prison within the geographical area)	N/A
Children's services	Y
Children and families social work	Y
Housing	Y
Employability	N
Community justice	Y
Mental health services	Y
Elected members	Y
Other	Local Authority Commissioning and Procurement NHS Finance Manager Joint Health Improvement Team

The third sector: we commission SDF to provide independent third sector representation

Commissioned alcohol and drug services	Y
Third sector representative organisation	Y
Other third sector organisations	N
People with lived/ living experience	N
Other community representatives	N
Other	N

1.3 Are the following details about the ADP publicly available (e.g. on a website)?

Membership	N
Papers and minutes of meetings	N
Annual reports/reviews	Y
Strategic plan	Y

<http://www.nhsborders.scot.nhs.uk/badp>

1.4 How many times did the ADP executive/ oversight group meet during 2019/20?

The ADP Board met 4 times (one joint meeting with Executive Group). The Executive Group met an additional 4 times.

2. Education and Prevention

2.1 In what format was information provided to the general public on local treatment and support services available within the ADP?

Please tick those that apply (please note that this question is in reference to the ADP and not individual services)

Leaflets/ take home information	Y
Posters	N
Website/ social media	Y

<http://www.nhsborders.scot.nhs.uk/badp>

Accessible formats (e.g. in different languages)	Available on demand
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Please provide details.....

Other	<input type="checkbox"/>
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Please provide details.....

2.2 Please provide details of any specific communications campaigns or activities carried out during 19/20 (*E.g. Count 14 / specific communication with people who alcohol / drugs and/or at risk*) (max 300 words).

Count 14 campaign: activities carried out included table top displays set up in both Borders General Hospital and Scottish Borders Council Headquarters. Plasma screens provided information in general public areas of hospital and also staff dining area. Promoted via twitter, facebook and a media release issued.

Additional press releases in relation to FASD and Dry January.

2.3 Please provide details on education and prevention measures/ services/ projects provided during the year 19/20 specifically around drugs and alcohol (max 300 words).

A new online package of resources was launched on 7th November 2019 for teachers across Scottish Borders School (Primary and Secondary) on drugs, alcohol and tobacco education and prevention. This partnership work was led by Education, Joint Health Improvement Team and ADP Support Team.

Alongside programme leads, a short life working group was established with partners from Primary and Secondary Schools, Crew and Police Scotland. The aim of the working group was to review current resources,

develop and implement a robust evidenced based programme which will be delivered in a timely approach across all Scottish Borders schools.

Staff briefings were held across all clusters and high schools to introduce the new SUE (Substance Use Education) resource.

Oh Lila training was commissioned. The intention was to deliver this to staff from all early years providers. The schedule commenced in February, however, March sessions were not delivered due to COVID.

In addition the following workforce development opportunities were delivered: Drug Trends (Crew); CAPSM briefing (ADP partners); Introduction to Drugs and Alcohol Services (ADP commissioned services); ABI (Borders Addiction Service)

2.4 Was the ADP represented at the Alcohol Licensing Forum?

Yes
No

Please provide details (max 300 words)

The ADP Co-ordinator represents Public Health on the Local Licensing Forum. The Forum hosted a visit from AFS to review production of Licensing Boards' Annual Functions Reports, new policy statements, update on Licensing Act Guidance and review of LLF's. Our LLF noted that a national review of forums was required.

2.5 Do Public Health review and advise the Board on license applications?

All -
Most -
Some
None -

Please provide details (max 300 words)

Borders ADP Support Team review all new licence and variations on behalf of Public Health. Occasional licences which have a child/family element are brought to the attention of ADP Support Team by Licensing Standards Officer.

3. RRR Treatment and Recovery - Eight point plan

People access treatment and support – particularly those at most risk (where appropriate please refer to the Drug Deaths Taskforce publication Evidence-Based Strategies for Preventing Drug-Related Deaths in Scotland: priority 2, 3 and 4 when answering questions 3.1, 3.2, 3.3 and 3.4)

3.1 During 2019/20 was there an Immediate Response Pathway for Non-fatal Overdose in place?

Yes -
No -
In development

Please give details of developments (max 300 words)

A local protocol between SAS, NHS Borders Addiction Service and Accident and Emergency was put in place in 2019. However, this has not successfully resulted in sharing of details by SAS and further work is required to fully implement the pathway.

We have raised our local frustration at the lack of a national approach to this issue via the Drug Death Task Force and the ongoing delay to local implementation.

3.2 Please provide details on the process for rapid re-engagement in alcohol and/or drug services following a period of absence, particularly for those at risk 19/20 (max 300 words).

The ES Team will accept referrals from the core team in both BAS and Addaction(now We Are With You) (A/WAWY) for people who have missed appointment, pharmacy pick-ups or have not engaged since original referral. These referrals also will come from the Substance Liaison Service in the acute hospital. The ES Team will make additional attempts to engage with individuals via phone or face-to-face visits. The drop-in clinics have shown to be a helpful route to sustaining engagement.

3.3 What treatment or screening options were in place to address drug harms? (mark all that apply)

Same day prescribing of OST	Y
Methadone	Y
Buprenorphine and naloxone combined (Suboxone)	Y
Buprenorphine sublingual	Y
Buprenorphine depot	Y
Diamorphine	N
Other non-opioid based treatment options	N
Other:	
Espranor buprenorphine oral; a small number people are on existing dihydrocodeine prescriptions on admission to service	

3.4 What measures were introduced to improve access to alcohol and/or drug treatment and support services during the year, particularly for those at risk 19/20 (max 300 words).

A new Assertive Engagement Team (ES Team) was commissioned by the ADP with staff from both NHS and Third Sector to both improve access to service and support those in service. This is for both alcohol and drug clients.

The ES Team has worked alongside the Core Teams in both services to identify people who have dropped out or are at risk of dropping out of service and have also supported joint 'drop-in' clinics and the Eyemouth Hub to enable low threshold access to treatment services.

Drop-in attendance is available without appointments and, as well as treatment, people can access harm reduction advice, social space and food (donated by local businesses).

Borders Addiction Service (BAS) has developed same day access to medical staff and nurse prescribers on site at their premises and has successfully implemented same day prescribing where safe including for people accessing the drop-ins.

A/WAWY and BAS deliver a First Steps harm reduction group to support people currently unable to access structured treatment.

ES Team provide additional support (e.g. transport) for clients who are facing additional barriers to attendance as well as more holistic support such as access to welfare benefits advice, liaison with other services.

The Eyemouth Hub is funded through Scottish Government Challenge Funding.

3.5 What treatment or screening options were in place to address alcohol harms? (mark all that apply)

Fibro scanning	N
Alcohol related cognitive screening (e.g. for ARBD)	Y
Community alcohol detox	Y

Inpatient alcohol detox	Y
Alcohol hospital liaison	Y
Access to alcohol medication (Antabuse, Acamprase etc.)	Y
Arrangements for the delivery of alcohol brief interventions in all priority settings	Y
Arrangements of the delivery of ABIs in non-priority settings	Y
Other	<input type="checkbox"/> Please provide details.....

<i>People engage in effective high quality treatment and recovery services</i>		
3.6 Were Quality Assurance arrangements in place for the following services (examples could include review performance against targets/success indicators, clinical governance reviews, case file audits, review against delivery of the quality principles):		
	<i>Adult Services</i>	<i>Children and Family Services</i>
Third sector	Y	Y
Public sector	Y	n/a
Other	n/a	n/a
3.6 Please give details on how services were Quality Assured including any external validation e.g. through care inspectorate or other organisations? (max 300 words)		
<ul style="list-style-type: none"> - Third Sector Adult – ADP quarterly monitoring meetings are in place based on Service Specification. Service registered with Care Inspectorate – last inspection was in June 2018 - Third Sector Children and families – ADP quarterly monitoring meetings are in place based on Service Specification. Internal safeguarding audits on case-files are carried out quarterly by senior managers. This service is jointly commissioned with the local Children’s Planning Partnership and performance is reviewed by the Commissioning Sub-Group which includes meeting with young people using the service. - Public Sector Adult – ADP quarterly monitoring meetings are in place based on Service Specification. <p>Local and senior managers from all commissioned services attend quarterly Quality Principles meeting. During 2019-20 examples of work progressed by the group included staff training audit based on LPASS report and subsequent training plan.</p> <p>Data and feedback from monitoring meetings is included in the quarterly ADP Performance Report which is presented to our ADP Board.</p>		
3.7 Were there pathways for people to access residential rehabilitation in your area in 2019/20?		
Yes	X	
No		
Please give details below (including referral and assessment process) (max 300 words)		
BAS accept self referrals and referrals from colleagues such as GP’s and Social Workers. Medical assessment is undertaken by the Addictions Psychiatrist in BAS. Assessment is undertaken by a BAS Support Worker.		
3.8 How many people started a residential rehab placement during 2019/20? (if possible, please provide a <u>gender</u> breakdown)		
Two females.		

People with lived and living experience will be involved in service design, development and delivery

3.9 Please indicate which of the following approaches services used to involve lived / living experience (mark all that apply).

For people with lived experience :

Feedback/ complaints process	Y
Questionnaires/ surveys	Y
Focus groups	Y
Lived/living experience group/ forum	N
Board Representation within services	N
Board Representation at ADP	N
Other	Staff recruitment

Please provide additional information (optional)

A/WAWY staff member, in partnership with Borders Recovery Community, supported a Recovery Planning group to plan logistics, fundraising and attendance at the Inverness Recovery Walk in 2019.

During 2019-20 the ADP convened two meetings to discuss how to develop lived experience (including family members) involvement in ADP planning. These meetings were positive but the most recent one was in February 2020 and this work has been paused since and only now does the timing feel right to recommence.

In addition focus groups were held with people with lived experience at service premises and Recovery Café to support development of the ADP Strategic Plan.

For family members:

Feedback/ complaints process	Y
Questionnaires/ surveys	Y
Focus groups	None specific
Lived/living experience group/ forum	N
Board Representation within services	N
Board Representation at ADP	N
Other	

Please provide additional information (optional)

Family members were included in all meetings outlined above.

3.10 Had the involvement of people with lived/ living experience, including that of family members, changed over the course of the 2019/20 financial year?

Improved	-
Stayed the same	X
Scaled back	-
No longer in place	-

Please give details of any changes (max 300 words)

While we have involved and listened to people in, for example, developing our strategy, feedback on services there is currently no formal structure for involvement of lived/living experience within the strategic planning processes for Borders ADP and this is a key priority for us to develop.

We are grateful for the contributions that people have made to date, for example, via focus groups and initial discussion meetings and their generosity of time, for example, presenting the Inverness Recovery Walk video to the ADP.

Within A/WAWY there has been greater involvement in feedback and planning.

3.11 Did services offer specific volunteering and employment opportunities for people with lived/ living experience in the delivery of alcohol and drug services?

Yes X

No -

Please give details below (max 300 words)

Volunteering opportunities are in place in A/WAWY including co-facilitation of groups.

All services take a positive approach to employing people with lived/living experience although there are no posts which are specified in this way.

People access interventions to reduce drug related harm

3.12 Which of these settings offered the following to the public during 2019/20? (mark all that apply)

<i>Setting:</i>	<i>Supply Naloxone</i>	<i>Hep C Testing</i>	<i>IEP Provision</i>	<i>Wound care</i>
Drug services Council	n/a	n/a	n/a	n/a
Drug Services NHS	Y	Y	Y	Y
Drug services 3rd Sector	Y	Y	Y	Y
Homelessness services	N	N	N	N
Peer-led initiatives	n/a	n/a	n/a	n/a
Community pharmacies	Y	N	Y	N
GPs	N	N	N	Y
A&E Departments	Y	N	N	Y
Women's support services	N	N	N	N
Family support services	N	N	N	N
Mental health services	N	N	N	N
Justice services	N	N	N	N
Mobile / outreach services	Y	Y	Y	Y
Other ... (please detail)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

We note that prior to Lord Advocate's letter it would not be possible to supply naloxone in many of these settings during 2019-20

A person-centred approach is developed

3.13 To what extent were Recovery Oriented Systems of Care (ROSC) embedded across services within the ADP area? ROSC is centred around recognising the needs of an individual's unique path to recovery. This places the focus on autonomy, choice and responsibility when considering treatment.

Fully embedded -
Partially embedded X

Not embedded

-

Please provide details (max 300 words)

Commissioned services in Borders take a proactive and innovative approach to delivering ROSC and have developed new initiatives and ways of working (e.g. Eyemouth Hub, drop-in clinics, Harm Reduction support and third sector referral into APTT).

Programme for Government funding allowed commissioning of services to address gaps identified by stakeholders: family support, recovery, assertive engagement. During consultation to develop the 2020-23 ADP Strategy Refresh people with lived experience fed back their experience of more joined up work between our services negating the need to 'tell our stories over and over again'.

Good relationships are in place and supported via the Children and Young People's Leadership Group, Community Justice Board and individual services supported by ADP members.

However, we have identified in our 2020-23 Strategy Refresh an ongoing need to ensure the wider system (e.g. wider services, stigma) supports our ROSC and we also need to improve our representation of lived experience.

3.14 Are there protocols in place between alcohol and drug services and mental health services to provide joined up support for people who experience these concurrent problems (dual diagnosis)?

Yes -
No X

Please provide details (max 300 words)

While there are no formal protocols in place it is the case that the Borders Addiction Service is housed within NHS Borders Mental Health directorate so there is ready opportunity for liaison. This liaison is enhanced by the fact that the Consultant in Addictions Psychiatry in BAS is also a member of the Community Mental Health Team. Likewise the BAS Operation Manager also has responsibility for the Mental Health Rehabilitation Service.

BAS hosts a small Addictions Psychology Therapies Team. Third sector alcohol and drugs services are able to directly refer into this team.

The recovery community achieves its potential

3.15 Were there active recovery communities in your area during the year 2019/20?

Yes Y

3.16 Did the ADP undertake any activities to support the development, growth or expansion of a recovery community in your area?

Yes Y

3.17 Please provide a short description of the recovery communities in your area during the year 2019/20 and how they have been supported (max 300 words)

SCRN and the Borders Recovery Community have delivered a fortnightly recovery café evenings in 2019-20 as well as being contactable for individuals via social media and telephones. The Committee have ambitious plans to extend their offer and have been successful in obtaining funding from a variety of sources.

The ADP Strategic Lead meets with the SRCN Lead/Chair to discuss plans and support, for example, printing or logistics costs.

SCRN hosted a series of conversation cafes in relation to the Hard Edges Report and co-hosted a very well attended Christmas Party in partnership with A/WAWY.

During 2019-20 a Recovery Engagement Worker Service was developed in A/WAWY which aimed to support development of both recovery opportunities and be an asset for the recovery community. A joint meeting between SRC, the Engagement Worker and SRCN Lead/Chair helped build agreement about how to work effectively in partnership – where appropriate – while recognising the potential tensions that could arise between the community and services.

A trauma-informed approach is developed

3.18 During 2019/20 have services adopted a trauma-informed approach?

All services	-
The majority of services	Y
Some services	-
No services	-

Please provide a summary of progress (max 300 words)

For some time now the Addiction Psychological Therapies Team (APTT) in BAS has accepted self-referrals from third sector agencies (A/WAWY and CHIMES) as well as from within BAS. This therapeutic work often addresses underlying trauma issues or the present-day impact of past trauma.

In addition to this direct trauma-based work, this was built on in 2019-20 where services undertook an audit based on the LPASS report which outlined training needs with regard to psychosocial interventions which promote engagement (Motivational Interview), build resilience and psychosocial strategies (Core Skills in CBT for Relapse Prevention) and which build trauma awareness. APTT supported development of a training plan to meet these needs to include trauma informed work, some of which is maintained through regular Core Skills coaching sessions provided by APTT. APTT also delivered a talk regarding trauma and addiction to the Freedom to Change event in October 2019 for family members affected by substances as well as the wider recovery community.

Whiles the examples above, as well as the establishment of the ES Team and locality hubs all help to embody trauma-informed principles such as choice, empowerment and collaboration we will be scoping more detailed work to fully assess how trauma informed our services currently are and to then design and deliver a plan which can enable services to systematically and consistently embed a trauma informed approach.

An intelligence-led approach future-proofs delivery

3.19 Which groups or structures were in place to inform surveillance and monitoring of alcohol and drug harms or deaths? (*mark all that apply*)

Alcohol harms group	N
Drug death review group	Y
Drug trend monitoring group	Y
Other	n/a

3.20 Please provide a summary of arrangements which were in place to carry out reviews on alcohol related deaths and how lessons learned are built into practice (max 300 words)

There are no formal arrangements to undertake alcohol related deaths specifically. However, any death in service (e.g. NHS or third sector) is subject to a significant death review and lessons learned applied to that service.

3.21 Please provide a summary of arrangements which were in place to carry out reviews on drug related deaths and how lessons learned are built into practice (max 300 words)

Borders Drug Death Review Group (DDRG) is in place to improve liaison between agencies in efforts to introduce interventions aimed at reducing drug-related deaths at local level.

The DDRG is a small closed group chaired by the Chief Social Work Officer that meets on a regular basis to share and analyse relevant information on all drug related deaths including those people not in treatment services.

The aim of the group is to reduce Drug Related Deaths (DRDs) by exploring the circumstances of a death once confirmed by pathology as a DRD in the Scottish Borders; to identify learning from the reviews and promote best practice; contribute to the National Drug-related Deaths Database (NDRDD) and; implement national and local drug strategies to reduce problem drug use.

Any implications for policy or practice are then taken back through members to their organisations for progression facilitated by an Outcomes Reporting template for each review. Where an individual has been a patient of NHS Borders at time of death or within 12 months of death the Outcomes Reporting template is sent to the Healthcare Governance Lead of the appropriate Clinical Board.

Separate Significant Adverse Event Reviews are also carried out by Borders Addictions Service where a client is in service at time of death with actions identified where appropriate. Membership of the DDRG group includes NHS, Police, Scottish Borders Council, Drug Services and ADP Support Team. An annual report is provided to Critical Services Oversight Group (Chief Officers from Police, NHS and Local Authority) to allow scrutiny of the process.

4. Getting it Right for Children, Young People and Families

4.1 Did you have specific treatment and support services for children and young people (under the age of 25) with alcohol and/or drugs problems?

Yes	-
No	X

Please give details (E.g. type of support offered and target age groups)

Children and young people, depending on their presentation and needs are supported through the Wellbeing for Resilience service (11-18) and A/WAWY and BAS accept referrals from aged 16.

4.2 Did you have specific treatment and support services for children and young people (under the age of 25) affected by alcohol and/or drug problems of a parent / carer or other adult?

Yes	X
No	-

Please give details (E.g. type of support offered and target age groups)

Chimes service offers support to children and young people (up to 18 years) impacted by another's alcohol and/or drug use. An initial home visit is undertaken as part of the assessment process. Children will work with a key worker for 1:1 support, however, the nature of the work often involves additional family members and work can therefore take place in small familial groups where appropriate.

As well as emotional support for resilience, children can also access group work including first aid and lifeskills. The service will work with parents (or the substance using family member) to help understanding and mitigation of the impacts on the child including emotional and behavioural development. This can also include some work to support wider treatment goals e.g. relapse preventions.

The service also works with kinship carers to provide support and understanding.

4.3 Does the ADP feed into/ contribute toward the integrated children's service plan?

Yes X

No -

Please provide details on how priorities are reflected in children's service planning e.g. collaborating with the children's partnership or the child protection committee? (max 300 words)

The ADP Strategic Lead is a member of the local Children and Young People's Leadership Group and member of the Commissioning Sub-group.

The current Children and Young People's Integrated Services Plan has five key priorities and these are relevant to children and young people impacted by their own or others' substance use:

1. Keeping children and young people safe
2. Promoting the health and well-being of all children and young people and reducing health inequalities
3. Improving the well-being and life chances for our most vulnerable children and young people
4. Raising attainment and achievement for all learners
5. Increasing participation and engagement.

4.4 Did services for children and young people, with alcohol and/or drugs problems, change in the 2019/20 financial year?

Improved -

Stayed the same X

Scaled back -

No longer in place -

Please provide additional information (max 300 words)

The Wellbeing for Resilience has been in place for two years and continues to provide support to children and young people.

4.5 Did services for children and young people, affected by alcohol and/or drug problems of a parent / carer or other adult, change in the 2019/20 financial year?

Improved X

Stayed the same -

Scaled back -

No longer in place -

Please provide additional information (max 300 words)

Programme for Government funding allowed for commissioning of additional CAPSM Link Workers to work closely resource to work more closely with families with higher levels of need. The Link Workers provide a service to CAPSM children (up to age 18), parents, expectant mothers and (usually kinship) carers as well as raising awareness of the impact of alcohol and drug use on children and develop understanding of resilience and the protective factors that may help the children and the family with practitioners.

The Link Workers work closely with Children and Families Social Work Duty Team and Long Term service and takes a whole family approach. The caseload reflects more in-depth and complex issues around public protection (e.g. child protection, vulnerable young people, domestic violence, custody and housing issues).

4.6 Did the ADP have specific support services for adult family members?

Yes -
No X

Please provide details (max 300 words)

A/WAWY provides one to one and group support for impacted adult family members based on the Craft programme. The service also provides accommodation for a peer support group.

4.7 Did services for adult family members change in the 2019/20 financial year?

Improved -
Stayed the same X
Scaled back -
No longer in place -

Please provide additional information (max 300 words)

In 2019-20 the findings of a Families Needs Assessment were presented by SFAD to the ADP and then followed up by a Stakeholder Event to test the findings. The Stakeholder Event was positively received, improved networking and was enhanced by the contribution of people with lived experience.

Arising from one of the recommendations a 'Freedom to change' event was hosted by Galashiels Learning Community in partnership with SFAD, A/WAWY and Borders Recovery Community. This community event allowed people to come together to discuss the findings and how to generate a community based support and allowed people to make positive connections.

Following completion of the assessment additional learning opportunities were scheduled and will also be within the ADP Workforce Development calendar for 2020-21.

Although there was not an additional service commissioned in response to the needs assessment it was helpful in informing the ADP and services of the needs of families and addressing some areas where practice or knowledge might be improved.

4.8 Did the ADP area provide any of the following adult services to support family-inclusive practice? (*mark all that apply*)

Services:	Family member in treatment	Family member not in treatment
Advice	x	x
Mutual aid	x	x

Mentoring	<input type="checkbox"/>	<input type="checkbox"/>
Social Activities	<input type="checkbox"/>	<input type="checkbox"/>
Personal Development	<input type="checkbox"/>	<input type="checkbox"/>
Advocacy	<input type="checkbox"/>	<input type="checkbox"/>
Support for victims of gender based violence	<input type="checkbox"/>	<input type="checkbox"/>
Other (<i>Please detail below</i>)	<input type="checkbox"/>	<input type="checkbox"/>

Please provide additional information (max 300 words)
The Domestic Abuse Advocacy Service in Borders is provided by Scottish Borders Council.

5. A Public Health Approach to Justice

5.1 If you have a prison in your area, were arrangements in place and executed to ensure prisoners who are identified as at risk left prison with naloxone?

No prison in ADP area X

5.2 Has the ADP worked with community justice partners in the following ways? (*mark all that apply*)

Information sharing	X
Providing advice/ guidance	X
Coordinating activities	-
Joint funding of activities	-
Other	n/a

Please provide details (max 300 words)

The Justice Social Work Service supports the delivery of ABI. The service delivers ABI as part of the Induction process for individuals subject to unpaid work, in addition to screening when undertaking Criminal Justice Court Report interviews.

The Justice Social Work Service commissions a Drug Treatment and Testing Order service, delivered in partnership with BAS. Use of DTTO by the Court is relatively low and requires to be reviewed.

The services Group Manager sits on and contributes to the Drug Death Review Group.

The Manager participated in the Staying Alive in Scotland – Strategies event aimed at preventing drug related deaths on the borders in February 2020.

The Reconnect Women's programme is open to women across the borders. The CBT based work undertaken can be accessed on either a voluntary or court mandated bases. Drug and Alcohol support services have over the year, played a part in the sharing of keep safe and other support information to women as part of the programme delivery.

While the use of Diversion by the Procurator Fiscal Service is relatively low, opportunities to refer individuals to drug and alcohol support services are in place. This is a useful opportunity to engage and deliver Early Effective Intervention across Youth and Adult Justice, with an aim to address problematic substance use that is impacting negatively on decision making and behaviours avoiding remittance to the Court.

5.3 Has the ADP contributed toward community justice strategic plans (E.g. diversion from justice) in the following ways? *(mark all that apply)*

Information sharing	X
Providing advice/ guidance	X
Coordinating activities	X
Joint funding of activities	-
Other	N/A

Please provide details (max 300 words)

ADP Support Team is represented on the Community Justice Board. The Community Justice Manager is a member of the ADP. Information sharing includes supporting the production of the Justice Board's strategic assessment and associated plan.

ADP and Community Safety Manager contribute to the meetings of the East Arrest Referral Faculty. This is important for us as there is only one Custody Suite in Borders and people are often moved to other parts of the country with differing arrest referral providers operating in custody areas.

5.4 What pathways, protocols and arrangements were in place for individuals with alcohol and drug treatment needs at the following points in the criminal justice pathway? Please also include any support for families. (max 600 words)

a) Upon arrest

An Arrest Referral scheme has been developed over the Lothian and Borders area. ABI's are performed in the one Custody Suite in Borders.

b) Upon release from prison

Voluntary Throughcare

Pathways are in place between Justice Social Work Services and BAS and other third sector services including A/WAWY. The arrangements seek to ensure signposting and referrals are made timeously for those being released from custody following a short term custodial sentence. BAS are in a position to enable ready access to prescriptions including same day prescribing where appropriate.

Development work is ongoing and seeks to strengthen the links between, drug and alcohol services, Justice Social Work and Scottish Prisons, with an aim to increase the take up of services by those returning to the community.

Statutory Throughcare and Community Court disposals are well supported by alcohol and drug services, including BAS and A/WAWY. Referral pathways are well established. Engagement with services is often a court or parole mandated requirement for those presenting with drug and alcohol issues. Support services regularly feed into the statutory review process and inform case management plans.

6. Equalities

Please give details of any specific services or interventions which were undertaken during 2019/20 to support the following equalities groups:

6.1 Older people (<i>please note that C&YP is asked separately in section 4 above</i>) No specific intervention
6.2 People with physical disabilities No specific intervention
6.3 People with sensory impairments No specific intervention
6.4 People with learning difficulties / cognitive impairments No specific intervention
6.5 LGBTQ+ communities No specific intervention
6.6 Minority ethnic communities No specific intervention
6.7 Religious communities No specific intervention
6.8 Women and girls (including pregnancy and maternity) ABI's are delivered by midwives in antenatal settings and by health visitors. CHIMES can provide support to pregnant women. Two Foetal Alcohol Syndrome training sessions were delivered with 40 participants attending.

II. FINANCIAL FRAMEWORK 2019/20

Your report should identify all sources of income (excluding Programme for Government funding) that the ADP has received, alongside the funding 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 contributions from other ADP Partners. It is helpful to see the expenditure on alcohol and drug prevention, treatment & recovery support services as well as dealing with the consequences of problem alcohol and drug use in your locality. You should also highlight any underspend and proposals on future use of any such monies.

A) Total Income from all sources

Funding Source (If a breakdown is not possible please show as a total)	£
Scottish Government funding via NHS Board baseline allocation to Integration Authority	1,049,582
2019/20 Programme for Government Funding	58,400
Additional funding from Integration Authority	0
Funding from Local Authority	205,833
Funding from NHS Board	658,184
Total funding from other sources not detailed above	31,000
Carry forwards	341,000
Other	0
Total	2,344,823

B) Total Expenditure from sources

	£
Prevention including educational inputs, licensing objectives, Alcohol Brief Interventions	40,875
Community based treatment and recovery services for adults	1,749,128
Inpatient detox services	Note ¹
Residential rehabilitation services	20,507
Recovery community initiatives	1,000
Advocacy Services	5,000
Services for families affected by alcohol and drug use	Note ²
Alcohol and drug services specifically for children and young people – Chimes	251,341

Community treatment and support services specifically for people in the justice system	48,636
Other	177,050
Total	2,293,537

¹It is not possible to disaggregate the spend on inpatient detox from overall mental health spend

²Our children and families service works with adult family members e.g. kinship carers, WAWY provides 1:1 and facilitated group support to family members. It is not possible to disaggregate this from the wider overall contract.

Plans for carry forward:

- Fixed term additional psychology hours
- Upgrade prescribing database
- Workforce development – training from SDF, Crew
- Logistics support to Recovery Community
- ABI LES

7.1 Are all investments against the following streams agreed in partnership through ADPs with approval from IJBs? *(please refer to your funding letter dated 29th May 2020)*

- Scottish Government funding via NHS Board baseline allocation to Integration Authority
- 2019/20 Programme for Government Funding

Yes X

No -

Please provide details (max 300 words)

The IJB delegates authority for spend to the ADP for the baseline allocation.

2019-20 Programme for Government Funding was agreed by IJB in February 2019.

7.2 Are all investments in alcohol and drug services (as summarised in Table A) invested in partnership through ADPs with approval from IJBs/ Children's Partnership / Community Justice Partnerships as required?

Yes X

No -

Please provide details (max 300 words)

Children's Service is a joint commission with our local Partnership (Children and Young People's Leadership Group).

Development of the current suite of adult services was undertaken following an Investment Review process which was approved by ADP and NHS Borders,

Appendix 2 – ADP Strategy Refresh 2020-2023 - Health Inequalities Impact Assessment

ADP Strategy Refresh – Reporting Template

Scoping workshop report

Policy/service title: Alcohol and Drugs Partnership (ADP) Strategy Refresh

Date of workshop: 7 August 2020

Location: via MSTeams

Policy lead: Fiona Doig

Equality and diversity lead: Nic White

Report Author: Fiona Doig

Date of Report: 10 August 2020

This is a report of the findings from a workshop held to identify potential impacts of this policy, including differential impacts on different population groups. The workshop was the first stage of a Health Inequalities Impact Assessment of the policy. Findings are based on the knowledge and experience of those present at the workshop.

This report is not a definitive statement or assessment of impacts but presents possible impacts that may require further consideration. The report also identifies some questions to be addressed to understand the impacts further. The purpose of further work following this scoping stage is to inform recommendations to improve impacts on health and enhance actions to reduce health inequalities, avoid discrimination and take action to improve equality and enhance human rights.

People present: Lorna Peddie, Nic White, Fiona Doig

Rationale and aims of policy:

The Scottish Borders Alcohol & Drugs Partnership (ADP) is tasked with delivering a reduction in the level of drug and alcohol related problems amongst young people and adults in the Borders, and reducing the harmful impact on families and communities. It is responsible for working with the Scottish Government, colleagues, people with lived experience and local communities to tackle the problems arising from substance use.

The ADP is made up of representatives from NHS Borders, Scottish Borders Council, Police Scotland and alcohol and drugs Third Sector organisations.

The refreshed Strategic Plan builds on the work directed by the previous ADP Strategy and reflects current local context, new Ministerial Priorities and updated national strategies:

The Strategy is formed to align with chapter headings in the national alcohol and drugs treatment strategy Rights, Respect and Recovery as follows:

- Prevention and Early Intervention
- Developing Recovery Orientated Systems of Care
- Getting it right for children, young people and families
- Public Health Approach in Justice

1. Who will be affected by this policy?

People with alcohol and drugs concerns and/or problems
 Family members impacted by another's alcohol and drug use including children
 Staff in alcohol and drugs services
 Children and Young People in young people's settings e.g. education, youth sector
 Members of the public

2. How will the policy impact on people?

The group sought to identify potential differential impacts of the policy on different population groups. These impacts are noted below.

Population groups and factors contributing to poorer health	Potential Impacts and explanation why	Recommendations to reduce or enhance such impacts
<p>Age: older people; middle years; early years; children and young people.</p>	<p>The Strategy covers all age groups. There will be a positive impact on children and young people. Chimes service provides support to children and young people impacted by parental substance use, support to parent in understanding and mitigating the impact of their substance use and support to kinship parents of impacted children. Quarriers Resilience for Wellbeing Service provides support for children and young people in relation to alcohol and drugs and emotional wellbeing. Quarriers and Chimes work closely together</p> <p>We Are With You (WAWY) has an identified young person's worker who leads on developing young people appropriate engagement and service provision and works with Quarriers and Borders Addiction Service (BAS) to ensure support for</p>	<p>Continue to monitor outcomes of commissioned alcohol and drugs and Children and Young People's Leadership Group services to ensure fitting local need.</p>

	<p>children and young people experiencing problems from their use of alcohol and/or drugs. ADP delivers a workforce development programme including introduction to alcohol and drugs and Children affected by Parental Substance Misuse (CAPSM) briefing.</p> <p>Substance use education for schools has been developed. In addition to specific SUE resources, Relationships, Sexual Health and Parenthood resource also includes sections relating to impact of drug and alcohol use on quality of young people's relationships; Peaches and Aubergine resource also supports this work and these are supported by education and wider youth sector; What's the Harm training is relevant in this context. These resources develop skills and knowledge for children and young people.</p> <p>Alcohol Brief interventions are delivered to people over the age of 16 in the NHS priority settings based on clinical presentation and opportunistic screening and in wider settings. This will include identification of older adults who are harmful or hazardous drinkers.</p>	<p>Explore new methods of delivery in response to impact of COVID on face to face learning</p> <p>Evaluation of SUE planned for 2020-21 school year. Seek opportunities to enable access to youth sector.</p> <p>Adult services are briefed on the specific needs of older adults and although there is not a specific service interventions are delivered to respond to need e.g. home visits.</p>
<p>Disability: physical, sensory and learning impairment; mental health conditions; long-term medical conditions.</p>	<p>Overall this plan is positive for people with disability since it directly impacts on those individuals with substance misuse issues.</p> <p>It is challenging to find any UK data relating to</p>	<p>Healthier Me delivery offers an opportunity to</p>

	<p>prevalence of substance misuse in people with physical and/or learning disabilities. There is a suggestion the people with learning disabilities are likely to present similar rates of alcohol use to those of the general population and ADP Strategic Lead attends Mental Health and Wellbeing Board.</p> <p>Strategy is positive for people with experiencing mental ill-health. These are often intertwined with substance use issues. WAWY staff attend the Mental Health Forum to promote positive relationship ensure good communications, access to services and feedback from people with lived experience.</p> <p>Strategy impact is positive for people with alcohol and drugs concerns who may attend ED with unrelated or related issues. Alcohol and Drugs Liaison Nurse works within acute hospital to support individuals and pathways.</p> <p>Alcohol and drugs service have a role to play in supporting emotional and physical wellbeing e.g. healthy lifestyles. Use of Star Outcomes tool allows people in service to identify health goals.</p>	<p>explore any support required by third sector learning disability providers to support concerns relating to alcohol and drug use.</p> <p>Take forward local work to examine 'co-morbidity' needs and responses in relation to substance use and mental ill-health.</p> <p>Review Alcohol and Non-fatal Overdose pathways to ensure access to specialist services for those attending the acute hospital or seen by Scottish Ambulance Service</p> <p>Recommendation to scope additional resources for services staff re healthy eating, physical activity.</p>
<p>Gender Reassignment: people undergoing gender reassignment</p>	<p>Stigma is experienced by people using alcohol and drugs, however, the additional stigma experienced by trans people can further compound people's avoidance of services. Although there is no dedicated service in Borders for LGBT alcohol and</p>	<p>Ensure services are sighted on emerging data. Recommendation to scope training needs in relation to LGBT, stigma, unconscious bias within alcohol and drugs services</p>

	drugs issues, all services are available confidentially and all commissioned alcohol and drugs services are required to have an Equality and Diversity policy.	
Marriage & Civil Partnership: people who are married, unmarried or in a civil partnership.	No specific impacts in relation to this characteristic.	
Pregnancy and Maternity: women before and after childbirth; breastfeeding.	<p>The impact on this group is positive: Alcohol Brief Interventions (ABI's) are delivered by midwives in antenatal settings and Health Visitors.</p> <p>CHIMES supports pregnant women to understand impact of alcohol and drug use</p>	<p>Continue to review ABI performance, awareness raising of Foetal Alcohol Spectrum Disorder, commissioned services outcome monitoring.</p> <p>Continue positive relationships between alcohol and drugs services and social work; Health Visitors and Early Years Centres.</p>
Race and ethnicity: minority ethnic people; non-English speakers; gypsies/travellers; migrant workers.	<p>There are no specific interventions within the plan relating to minority ethnic people, non-English speakers, gypsies/travellers; migrant worker. While the impact of the strategy is positive in that services are open to all it is recognised that barriers may be experienced for people in this group.</p> <p>Currently there is no local evidence of unmet or unrecognised needs in relation to alcohol and drugs. Any anecdotal suggestion of such will be acted upon within current planning structures including ADP Board Meetings.</p>	<p>Commissioned services are required to give due consideration to engaging with and supporting people for whom English is not a first language. Translation services are available in Borders.</p> <p>Recommendation that alcohol and drugs service review existing materials and scope potential for offering in other languages.</p>
Religion and belief: people with different religions or beliefs, or none.	Stigma is experienced by people using alcohol and drugs, however, the additional stigma experienced by people with some religious beliefs may further compound people's avoidance of services.	Commissioned services are required to give due consideration to engaging with and supporting people with different beliefs or customs and to reduce barriers for access.

		Service providers will ensure that clients' wishes to have appointments with a staff member of a specific gender will be fulfilled.
Sex: men; women; experience of gender-based violence.	<p>This strategy will have a positive impact on all groups by providing services and interventions for people seeking support for alcohol and drugs concerns and also prevention and early intervention activity (e.g. ABIs, education).</p> <p>Men are more likely to experience problems associated with alcohol and drug use and this is shown in service uptake data as well as the demographics of those experiencing drug related deaths.</p> <p>Staff have been trained in gender-based violence awareness and adult services have implemented routine enquiry for domestic abuse. ADP Support Team represented in Violence Against Women Partnership structures.</p> <p>WAWY facilitates a Women's Group.</p> <p>Services participate in MARAC meetings processes.</p>	Continue to review staff training needs in relation to gender based concerns including briefing for Drug Death Review Group.
Sexual orientation: lesbian; gay; bisexual; heterosexual.	<p>Stigma is experienced by people using alcohol and drugs, however, the additional stigma experienced by lesbian, gay, bisexual can further compound people's avoidance of services.</p> <p>LGBT people have higher prevalence of alcohol and drug use than the population as a whole.</p>	<p>Ensure services are sighted on emerging data. Services are required to have an Equality and Diversity policy.</p> <p>Recommendation to scope training needs in relation to LGBT, stigma, unconscious bias within alcohol and drugs services.</p> <p>Ensure the current project with LGBT Forum</p>

	Daily drinking in those aged 65 and over is significantly higher than the population as a whole.	and Joint Health Improvement Team supporting health and wellbeing includes consideration of impact and support for people with alcohol and/or drug use concerns.
Looked after (incl. accommodated) children and young people	<p>This strategy will have a positive impact on all groups by providing services for children and young people impacted by parental substance use which can be a factor contributing to the person being looked after or accommodated.</p> <p>Chimes service provides support to children and young people impacted by parental substance use, support to parent in understanding and mitigating the impact of their substance use and support to kinship parents of impacted children. Joint working with BAS and WAWY ensures appropriate level of treatment for young people with higher substance use needs.</p> <p>Alcohol and drugs services are sighted on and involved with the revised Public Protection Services developments.</p>	<p>Continue to maintain positive relationships exist between the Transitions Team and commissioned services. WAWY deliver bespoke sessions with transitions clients.</p> <p>ESTeam to continue to build networks and capacity with key services.</p>
Carers: paid/unpaid, family members.	<p>This strategy will have a positive impact on this group by providing access to support for adults impacted by another's substance use via the Concerned Other Group and access to structured support on an individual basis using evidence based approach (CRAFT). Often people in this group do not see themselves as carers and may seek support initially from alcohol and drugs services rather than carer specific services.</p> <p>Serendipity Recovery Café is open to and</p>	<p>Continue to provide support for concerned others and maintain links with carers services.</p> <p>Continue to promote SFAD information via appointment letters and other service literature.</p> <p>WAWY have established links with local Kinship Carers Support Group and will raise any concerns arising from the group with relevant colleagues are sighted on this.</p>

	<p>accessed by family members.</p> <p>CHIMES service provides support for young carers. This group is often reluctant to disclose family substance use, the joint nature of this service ensures staff are able to provide support for this issue.</p> <p>Borders Carers Centre works with impacted family members and has confirmed links with alcohol and drugs services.</p>	
Homelessness: people on the street; staying temporarily with friends/family; in hostels, B&Bs.	<p>This strategy will have a positive impact on this group. Borders Addiction Services Support Workers are employed with Social Work services. Use of Star Outcomes tool allows people in service to identify accommodation issues and to chart progress.</p>	<p>Commissioned services continue to maintain positive relationships with homelessness services.</p> <p>ESTeam to continue to build networks and capacity with key services.</p>
Involvement in the criminal justice system: offenders in prison/on probation, ex-offenders.	<p>This strategy will have a positive impact on this group. Use of Star Outcomes tool allows people in service to identify accommodation issues and to chart progress. Justice Social Work commission Borders Addiction Service to provide Drug Testing and Treatment Order service (DTTO). Cross representation between Community Justice Board and ADP Board.</p>	<p>Continue to maintain positive relationships with Justice Services.</p> <p>Borders Addiction Service to continue to explore support for people during and at liberation from HMP Edinburgh.</p>
Addictions and substance misuse	<p>This strategy will have a positive impact on people experiencing, impacted by or at risk of developing addictions and substances use concerns. The strategy is based on consultation with key</p>	<p>ADP to continue to monitor quarterly performance reports. ADP Support Team to ensure involvement in national (e.g. ADP Leads Meeting; Drug Death</p>

	<p>stakeholders including people with lived experience; it is evidence based and follows the strategic aims and objectives of the national alcohol and drugs strategies.</p>	<p>Co-ordinators) and local opportunities to ensure our local plans fit needs. ADP to continue to pursue a mechanism for lived experience involvement.</p>
<p>Staff: full/part time; voluntary; delivering/accessing services.</p>	<p>Staff in services were involved in informing development of this policy so impact is positive as it reflects system needs and staff experience.</p> <p>ADP delivers a workforce development programme to support staff to feel equipped to work with this client group. This includes locally developed and commissioned sessions as well as external specialists providers (e.g. Scottish Drugs Forum, Alcohol Focus Scotland, Crews) and on-line opportunities.</p> <p>The requirement to wear PPE for face-to-face work may not align with specific religious practices.</p>	<p>Ensure staff are aware of finalised strategy and associated Delivery Plan and are able to identify any development needs.</p> <p>Explore new methods of delivery in response to impact of COVID on face to face learning</p> <p>Services to follow national guidance.</p>
<p>Low income</p>	<p>This strategy will have a positive impact on this group. People experiencing problems associated with alcohol and drug use are more likely to be experiencing health inequalities and low income. Alcohol and drug problems can lead to people being less likely to be in employment than the general population.</p> <p>During COVID-19 services responded by offering digital/remote opportunities for accessing support. This requirement is likely to remain in place for some time. While this can be seen potentially as a positive development e.g. reduction in need to</p>	<p>Ensure service provision reduces barriers to access particularly in relation to COVID-19 response and move towards digital/remote appointments by ensuring there are alternative options available for those less able to use</p>

	<p>travel, for some people less able to access digital responses e.g. due to lack of connectivity or hardware this may be problematic. Commissioned services have accessed small grants during this time to enable provision of e.g. telephones and data credit.</p>	digital solutions.
<p>Low literacy / Health Literacy: includes poor understanding of health and health services as well as poor written language skills.</p>	<p>There are no specific impacts in relation to this characteristic although it is recognised that impact could be negative if services are not able to support both access to and treatment for people with low literacy/health literacy.</p> <p>All services will accept self-referral and also referrals from health professionals. Information about services is available on line.</p>	<p>Ensure services are able to support people in this group through considering e.g. service materials, appointment lengths and communication methods. People are able to attend an appointment with another if they wish.</p>
<p>Living in deprived areas</p>	<p>This strategy will have a positive impact on people living in deprived areas</p> <p>People experiencing problems associate with alcohol and drug use are more likely to be experiencing health inequalities and live in deprived areas. Services are available in each Borders locality e.g. via GP clinics and/or drop-ins. CHIMES services are available based on Learning Community clusters.</p> <p>During COVID-19 services responded by offering digital/remote opportunities for accessing support. This requirement is likely to remain in place for some time. While this can be seen potentially as a positive development e.g. reduction in need to</p>	<p>Ensure service provision reduces barriers to access particularly in relation to COVID-19 response and move towards digital/remote appointments by ensuring there are alternative options available for those less able to use digital solutions. .</p>

	<p>travel, for some people less able to access digital responses e.g due to lack of connectivity or hardware this may be problematic. Commissioned services have accessed small grants during this time to enable provision of e.g. telephones and data credit</p>	
Living in remote, rural and island locations	<p>This strategy will have a positive impact on people living in remote and rural locations. Service are available in each Borders locality e.g via GP clinics and/or drop-ins. CHIMES services are available based on Learning Community clusters.</p> <p>During COVID-19 services responded by offering digital/remote opportunities for accessing support. This requirement is likely to remain in place for some time. While this can be seen potentially as a positive development e.g. reduction in need to travel, for some people less able to access digital responses e.g. due to lack of connectivity or hardware this may be problematic. Commissioned services have accessed small grants during this time to enable provision of e.g. telephones and data credit</p>	<p>Ensure service provision reduces barriers to access particularly in relation to COVID-19 response and move towards digital/remote appointments by ensuring there are alternative options available for those less able to use digital solutions.</p> <p>Continue to monitor referral route and sources of commissioned alcohol and drugs and Children and Young People's Leadership Group services to ensure fitting local need.</p>
Discrimination/stigma	<p>This strategy aims to reduce people experiencing discrimination/stigma in relation to their own or another's alcohol and/or drug use.</p> <p>Evidence of stigma experienced by people using alcohol and drugs impacts on likelihood of</p>	<p>ADP to continue to pursue a mechanism for meaningful lived experience in the work of the ADP.</p>

	accessing services, by making this a key priority for the term of the strategy there is likely to be positive impact.	
Refugees and asylum seekers	No specific impacts in relation to this characteristic.	ADP members to ensure that any evidence or concerns for people in this group are brought to the attention of the ADP Board and services to ensure an appropriate response.

3. How will the policy impact on the causes of health inequalities?

The group identified the following potential impacts of the policy on the causes of health inequalities

Will the policy impact on?	Potential impacts and any particular groups affected	Recommendations to reduce or enhance such impacts
Income, employment and work <ul style="list-style-type: none"> Availability and accessibility of work, paid/ unpaid employment, wage levels, job security. 	<p>This strategy will have a positive impact on this cause of health inequality.</p> <p>WAWY Re-integration Service employs an Employability Worker who helps support adults who have experience of alcohol and drugs problems to access support with e.g. CV writing, applications for college and jobs. Volunteering opportunities including peer workers are available.</p>	<p>ADP to continue to pursue a mechanism for meaningful lived experience in the work of the ADP.</p>
The physical environment and local opportunities <ul style="list-style-type: none"> Tobacco, alcohol and substance use. 	<p>ADP membership includes the convenor of the Licensing Board. The ADP produces a bi-annual Alcohol Profile which aims to support the Licensing Board by providing evidence to support decision making and inform development of future Licensing Policy Statement and supporting the Licensing Objectives:</p> <ul style="list-style-type: none"> Preventing crime and disorder 	<p>Continue to monitor alcohol license applications.</p> <p>Support engagement in communities via the Local Licensing Forum.</p> <p>Engage in any future consultations relating to licensing reform.</p>

	<ul style="list-style-type: none"> - Securing public safety - Preventing public nuisance - Protecting children and young people from harm - Protecting and improving public health 	
Education and learning	n/a	
Access to services <ul style="list-style-type: none"> • Availability of health and social care services, transport, housing, education, cultural and leisure services. • Ability to afford, access and navigate these services. • Quality of services provided and received. 	<p>This strategy will have a positive impact on this cause of health inequality.</p> <p>The development of the Assertive Engagement Service and locality drop-ins/Hubs remove barriers to alcohol and drugs services and allow potential for access to wider services e.g. sexual health, via these structures.</p>	Continue to develop and evaluation the drop-in/Hub model.
Social, cultural and interpersonal <ul style="list-style-type: none"> • Social status. • Social norms and attitudes. • Tackling discrimination. • Community environment. • Fostering good relations. • Democratic engagement and representation. • Resilience and coping mechanisms. 	<p>This strategy will have a positive impact on this cause of health inequality by taking forward action to address stigma for people with alcohol and drugs problems.</p>	<p>ADP members and their constituent organisations to respond to national stigma strategy when published.</p> <p>Continue to produce ADP Bulletins, Annual Report and proactive media campaigns e.g. Festive Safety</p>

4. Potential impacts on human rights

The group identified the following potential human rights impacts.

Articles	Potential impacts and any particular	Recommendations to reduce or enhance such
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	groups affected	impacts
The right to life (absolute right)	Yes. Evidence supporting alcohol and drug treatment as a protection factor in preventing drug related deaths. Provision of Take Home Naloxone (THN), implementing non-fatal overdose policy and harm reduction are evidence based in interventions to reduce drugs deaths.	Ensure implementation of Delivery Plan and examine and implement as appropriate and recommended interventions from emerging evidence.
The right not to be tortured or treated in an inhuman or degrading way (absolute right)	Yes. Evidence of stigma experienced by people using alcohol and drugs impacts on likelihood of accessing services, by making this a key priority for the term of the strategy there is likely to be positive impact.	ADP members and their constituent organisations to respond to national stigma strategy when published.
The right to liberty (limited right)	n/a	
The right to a fair trial (limited right)	n/a	
The right to respect for private and family life, home and correspondence (qualified right)	n/a	
The right to freedom of thought, belief and religion (qualified right)	n/a	
The right to freedom of expression (qualified right)	n/a	
The right not to be discriminated against	Yes. Evidence of stigma experienced by people using alcohol and drugs impacts on likelihood of accessing services, by making this a key priority for the term of the strategy there is likely to be positive impact.	Respond to national stigma strategy when published.
Any other rights relevant to this policy.	n/a	

5. Will there be any cumulative impacts as a result of the relationship between this policy and others?

The impact of this Strategy will be enhanced by implementation of: Community Justice Board Action Plan, Mental Health Strategy, Child Poverty Action Plan, CPP Strategic Plan, HSCP Strategic Plan and Integrated Children's Services Plan.

6. What sources of evidence have informed your impact assessment?

Evidence type	Evidence available	Gaps in evidence
<p>Population data e.g. demographic profile, service uptake.</p>	<p>National Alcohol and Drug Profile http://www.scotpho.org.uk/ (site collates a variety of sources including– demographics, hospital admissions and mortality; prevalence, access to treatment). This data is used to produce an annual Technical Report to complement the ADP Annual Report.</p> <p>Borders Alcohol Profile https://www.scotborders.gov.uk/downloads/file/2739/alcohol_profile</p> <p>A quarterly report is presented to the ADP which includes service uptake; outcomes and key performance indicators.</p>	<p>Due to the demographics of Borders it is not possible to present data relating to each of the protected characteristics.</p> <p>The most recent publication of Borders specific SALSUS data in relation to alcohol and drug use in children and young people was last published in 2013. An updated publication is delayed by COVID-19.</p>
<p>Consultation and involvement findings e.g. any engagement with service users, local community, particular groups.</p>	<p>Prior to the development of this Strategy consultation work had previously taken place in relation to reduction in ADP Funding, additional funding was received in 2018-19 and additional consultation was performed with people using services and with lived experience to inform decisions relating to the new funding. This strategy builds on the finding of above. Prior to developing the strategy we consulted with people with lived experience with the help of We Are With You and also via attendance with Serendipity Recovery Cafe members.</p>	
<p>Research e.g. good practice guidelines, service evaluations, literature reviews.</p>	<p>Rights Respect and Recovery – Scotland Alcohol and Drugs Treatment Strategy¹, Clinical care and prescribing is guided by the UK Department of</p>	

¹ <https://www.gov.scot/publications/rights-respect-recovery/>

	<p>Health's Drug misuse and dependence: UK guidelines on clinical management², LGBT in Britain – Health Report, Stonewall³, https://www.stonewall.org.uk/system/files/lgbt_in_britain_-_health_report_final.pdf LGBT in Britain – Trans Report⁴ https://www.stonewall.org.uk/system/files/lgbt_in_britain_-_trans_report_final.pdf</p>	
<p>Participant knowledge e.g. experiences of working with different population groups, experiences of different policies.</p>	<p>Staff represented in the workshop include the Service Manager of We Are With You alcohol and drugs treatment and re-integration service; Health Improvement Equality Lead and Sexual Health Improvement Specialist; Head of Health Improvement and Strategic Lead ADP. This group therefore comprises expertise on alcohol and drugs service delivery; equality and diversity; young people; strategic policy development and implementation.</p>	

² https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/673978/clinical_guidelines_2017.pdf

³ https://www.stonewall.org.uk/system/files/lgbt_in_britain_health.pdf

⁴ https://www.stonewall.org.uk/system/files/lgbt_in_britain_-_trans_report_final.pdf

7. Summary of key impacts, research questions and evidence sources

The following is a summary of the key areas of impact identified at the workshop, some possible questions to address in order to understand these, and suggested evidence sources to answer these research questions.

This is not a definitive or necessarily complete list of research questions and some may turn out on further assessment not to be relevant. The list is put forward as a starter to inform the next stage of the impact assessment, and is likely to be amended by the steering group.

The work done to explore these questions should be proportionate to the expected benefits and potential to make changes as a result.

Evidence-informed recommendations are central to a robust impact assessment; however, 'evidence' to support the development of recommendations can be thought of more widely than just formal research. Furthermore, a lack of available robust evidence should not lead to the impact assessment process being delayed or stopping altogether. Often there is poor or insufficient evidence about the links between a proposal and health; there may, however, be plausible theoretical grounds to expect an impact.

Area of impact	Research questions	Possible evidence sources
n/a		

8. Who else needs to be consulted?

The group agreed that no additional stakeholders need be involved or consulted in the process.

9. Suggested initial recommendations

During the workshop participants identified some initial suggestions to improve the policy. Most of these will be informed by the suggested work to address the questions identified above. The suggestions are noted below but will need discussion and refinement by the steering group.

- Review any training needs of commissioned services as in relation to protected characteristics and inequalities
- Continue to monitor outcome and impacts of commissioned services
- Ensure services consider impact of any changing practice relating to COVID-10 response

10. Conclusions

During the HIIA Scoping Workshop the participants considered the potential impacts arising from implementing this policy. These potential impacts have been summarised above. As a result of this workshop we conclude (select the most appropriate conclusion).

- ❖ No major changes required to the policy

Fiona Doig, Head of Health Improvement/Strategic Lead ADP, NHS Borders