Scottish Borders ADP Annual Report 2014/15

15 September 2015

PARTNERSHIP DETAILS

Alcohol & Drug Partnership:	Borders
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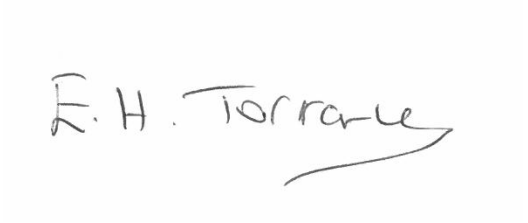
The content of this Annual Report has been agreed as accurate by the Alcohol and Drug Partnership, and has been shared with our Community Planning Partnership through our local accountability route.



ADP Chair

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1. ADP Self-Assessment: 1 April 2014 – 31 March 2015

The information below is a self-assessment of ADP performance for 2014/15 against the following themes provided by Scottish Government; Analyse, Plan, Deliver and Review. A Red, Amber, Green (RAG) system is used for this assessment with definitions shown within the RAG key.

RAG Key		**R**	Not yet started or being considered for the future
		A	Work in progress but not yet completed or still some development needed
		G	Work either completed or a pattern of work fully established to the ADP specification and now an on-going piece of work which includes further enhancements
	Theme	**R A G**	**Evidence**
	ANALYSE		
1	**ADP Joint Strategic Needs Assessment has been undertaken and provides a clear, coherent assessment of need which takes into consideration the changing demographic characteristics of people (and their families and local communities) affected by problem drug and/ or alcohol use in your area. Please also include here any local research that you have commissioned.**	G	The ADP Investment Review was reported in the Annual Report for 2013-14. During 2014-15 work continued to implement the new services which were commissioned based on the Future Model developed from the Review. There has been no further strategic needs assessment undertaken by the ADP as the findings from the Review are still current. However, the ADP has produced a Strategy for 2015-20; this was developed to enable production of the ADP Delivery Plan for 2015-18 using a co-production approach. A short self assessment was undertaken based on commitments made in our previous strategy. Based on this four overarching aims were developed. These aims were used as the basis for stakeholder focus groups which were held with colleagues from early years, children and young people, adults and criminal justice settings. The groups worked through the aims and commitments to highlight areas for development. The Service User group was also consulted. Based on findings from the focus groups a draft strategy was produced and circulated widely for consultation including presentations at key meetings and a survey monkey questionnaire which yielded 61 responses. A final version of the strategy was produced based on consultation feedback. The consultation did not identify any major gaps in service but highlighted some areas for development. There were 6 recommendations arising for work during the first year which are outlined in our Delivery Plan. ADP Support Team and services participated in the Mental Health Needs Assessment undertaken by NHS Borders and Scottish Borders Council. This report highlights the

			importance of work to support clients with dual diagnosis. A local Alcohol Profile was produced on behalf of the Local Licensing Forum for 2013-14. Information has been gathered for 2014-15 and an updated version will be produced by November 2015.
2	**An outcomes based ADP Joint Performance Framework is in place that reflects the ADP Local Outcomes and National Core Outcomes.**	G	The ADP performance framework is outlined in the ADP Delivery plan 2015-18 and is aligned to National Outcomes. Baseline data, where available, indicators and targets are identified within the delivery plan. Updates on the performance framework are included in this Annual Report.
3	**Integrated Resource Framework - Process** **Suitable data has been used to scope the programme budget and a baseline position has been established regarding activity, costs and variation.**	G	Mapping of contributions by statutory partners to the work was completed as part of the ADP Investment Review and ongoing contributions from Local Authority were agreed and built into the budget for procuring services to support the Future Model. Positive dialogue between NHS Borders and the ADP led to an increase in available funding for services/interventions to the ADP through a substantial reduction in the Corporate Support Charge which has enabled reinvestment into services during 2014-15.
4	**Integrated Resource Framework – Outcomes** **A coherent approach has been applied to selecting and prioritising investment and disinvestment options. – building prevention into the design and delivery of services.**	G	New services were procured during 2013-14 to commence in 2014-15 to reflect the 'Future Model' of Investment to support development of a Recovery Oriented System of Care (ROSC) during the Investment Review. In addition to procured services, recurrent funding was agreed for two posts: Substance Misuse Pharmacist and Clinical Associate in Applied Psychology. All services are required to report on outcomes and incorporate prevention as part of their work through: ABI delivery, Children Affected by Parental Substance Misuse and multi-agency events such as Crucial Crew which is led by Safer Communities. A small non-recurring budget was identified for 2014-15 based on reduced costs for new services and historical carry forward at the start of the Investment Review period. The ADP agreed to prioritise prevention and early intervention activities for this funding and a paper was produced mapping activity against evidence, best practice guidelines and findings from the Investment Review. On this basis funding was allocated to support workforce development and an Alcohol Development Officer (Communities) post (recruited May 2015).

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	Theme	R A G	Evidence
5	**We have a shared vision and joint strategic objectives objectives for people affected by problem substance use & those affected, which are aligned with our local partnerships, e.g. child protection committees, violence against women, community safety, prevention including education etc.**	A	Our previous ADP Strategy 2012-15 was developed in partnership and we have outlined how we produced our 2015-20 Strategy. There is ADP representation across relevant groups. Due to the relatively small staff teams individuals are often represented across several groups. An overview of key partnership groups is outlined below: Children and Young People's Leadership Group (CYPLG): ADP Chair, Executive Group members and Co-ordinator sit on this group. The ADP Co-ordinator chairs the Commissioning Sub-group. ADP strategic aims are reflected in the existing Children's Services plan and will be in the new plan which is currently being developed. Child Protection Committee: The ADP Support Team is represented on both the Training and Practice Development Sub-groups, regular feedback is given to the ADP Specialist Interventions Sub-group, joint working on Injecting Provision Guidance for young people. Local Licensing Forum (LLF): The ADP Support Team is a member of the LLF and leads on production of the Alcohol Profile. Safer Communities Team: Safer Communities manager is an active member of the ADP and the Safer Communities Sergeant is a key link for the Drug Death Review Group. The ADP Support Team is represented on the Alcohol and Drugs Tasking and Co-ordinating Group which leads on responsible drinking work. The ADP Support Team is co-located with the Safer Communities Team. Violence Against Women Partnership (VAWP): KPI's relating to routine enquiry in substance misuse services are reported as part of the VAWP strategic plan. ADP Support Team sits on the partnership. CEL41 training was developed and delivered for substance misuse services.
6	**Our planned strategic commissioning work is clearly linked to Community Planning priorities and processes.**	A	The ADP contributed to the development of the SOA which has three key priorities: grow our economy, reduce inequalities and maximise the impact from the low carbon agenda. The ADP work directly links to the 'reducing inequalities' priority which is aligned across National Outcomes: 05 Our children have the best start in life and are ready to succeed 07 We have tackled the significant inequalities in Scottish society 08 We have improved the life chances for young people and families at risk

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	Please include information on your formal relationship to your local child protection committee. What is the formal arrangement within your ADP for reporting on your Annual Reports/Delivery Plan/shared documents through your local accountability route.		The 2013 SOA prevention plan includes recognition of the contribution of our whole population approach to alcohol and provision of interventions for children affected by parental substance misuse. The ADP has had the opportunity to engage with the CPP Reducing Inequalities Theme Group which is currently developing its Reducing Inequalities Strategy. ADP members sit on the Theme Group. We have updated our Commissioning Strategy which is available via www.badp.scot.nhs.uk Commissioning Strategy 2015-2020 - Child Protection Committee: The ADP Chair is a formal member of the Child Protection Committee and is able to ensure appropriate matters are considered and addressed by both groups. The ADP Support Team is represented on both the Training and Practice Development Sub-groups. Child Protection Lead Officer and ADP Strategic Co-ordinator meet regularly to discuss any joint issues. Quarterly reports were submitted to the CHCP Planning and Delivery Committee while it was in operation and feedback was given at each presentation. Our 2013-14 Annual Report was shared with the CPP and also presented to full Council and NHS Board where feedback was received. Scottish Government feedback on our Annual Report was provided to the CPP and feedback received.
7	**Service Users and carers are embedded within the partnership commissioning processes.**	A	Our Service User Involvement Service commenced in May 2014. Minutes from regular group meetings are a standing item on the ADP Executive Group Agenda, following review feedback is then provided to service users and services as applicable. In addition, Service Users were involved in the consultation for our strategy, the planning and delivery of a Recovery Conversation Cafe in November 2014 and we disseminated a Service User survey in Spring 2015. Involvement of Carers is still in development and is being progressed in partnership with Addaction and Borders Carers Centre. Affected family members participated in the Recovery Conversation Cafe and related pieces of work. Carers were invited to respond to development of the strategy.
8	**A person centered recovery focus has been incorporated into our approach to strategic commissioning. Please advise if**	A	**ROSC (Recovery Oriented System of Care) is – 'in place and being enhanced further'** Following the Investment Review new commissioned services were commenced in May 2014 as follows:

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	your ROSC is 'in place'; 'in development' or in place and enhancing further. **Describe the progress your ADP has made in implementing a ROSC, please include what your priorities are in implementing this during 2014-15. This may include:** • **Recovery Orientated System of Care service review and redesign** • **Identify and commission against key recovery outcomes** • **Recovery outcome reporting across alcohol and drug services e.g. Outcome STAR.**		• Third sector Alcohol and Drug Treatment and Re-integration Service delivered by Addaction. This is the first time the ADP has commissioned reintegration work. The contract also involves provision of support to affected adult family members via groups and development sessions. Addaction deliver a fixed site Injecting Equipment Provision (IEP). • Third sector Children and Families Service delivered by Action for Children. This service brings together provision of support to children and young people affected by their own or parental substance use and parenting support for clients whose substance use is affecting the family. • A new Service Level Agreement (SLA) was developed with NHS Borders Addiction Service (BAS) for provision of adult services. Central to our Future Model and development of ROSC is integrated working between alcohol and drugs services. There has been considerable commitment by Borders Addiction Service and Addaction (adult services) to develop a shared assessment tool and processes to allow smooth transfer of clients between services as indicated by their Recovery Plans. This work has faced barriers in terms of different processes and support systems across the organisations but an agreed tool has been piloted. BAS and Addaction have implemented locality models of working to help ensure ready access to services. Both services were involved in the planning and delivery of our Recovery Conversation Cafe which was supported by Scottish Recovery Consortium and have allocated dedicated staff time to develop their respective service's role in recovery. Both adult services use the Star outcomes tool for reporting progress and this is built into the new assessment tool. Employability work in Addaction has been supported by additional funding from Fairer Scotland Fund. Addaction are formalising structures and processes for volunteers. BAS has developed 4 week mindfulness courses including some sessions which have been co-facilitated by a person in recovery. As new providers, Action for Children had a significant work programme to raise awareness and build networks for their service. Several staff members were TUPE'd over from previous providers which helped facilitate this process. The service has been involved in reviewing the police referral process for children and young people found in possession of alcohol/drugs or intoxicated. In addition they have built strong relationships with Social Work. Action for Children have identified a range of outcomes which are collected via an in-house e-Aspire system. They also utilise the Borders Wellbeing Web which allows progress across the

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	• **Individual recovery care plan and review** • **Involved mutual aid and recovery communities** Please include your outcomes for all individuals within your alcohol and drug treatment system for 201415 if available		SHANNARI wellbeing indicators to be charted. All services are required to produce individual recovery plans and implement regular reviews. There is still work to do in terms of joint working across the alcohol and drugs services but there has been real progress during this year. We have built links with mutual aid groups, for example, a speaker from AA participated in our Substance Misuse Conference in May 2015 and was involved in development of our Recovery Conversation Cafe at which we had several attendees from AA and Al Anon. A representative of Al Anon is a member of our ADP Specialist Interventions Sub-group. This year the ADP Co-ordinator attended a joint AA/Al-Anon meeting with the Social Work Group Manager for Mental Health and Addictions. Services are required to support individuals to attend mutual aid groups. Addaction facilitate MAP (Mutual Aid Partnership) groups in towns across Borders. Scottish Borders Council commissioned an independent advocacy service in October 2015. The ADP has allocated recurring funding to enable alcohol and drugs clients to access this service. Outcomes for service users are provided in Section 3 of this report.
9	**All relevant statutory requirements regarding Equality Impact assessments have been addressed during compilation of our ADP Strategy and Delivery Plan**	G	Existing and developed ADP Strategy, Delivery Plan and Future Model paper were Equality Impact Assessed.

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10	**Joint Workforce plans as outlined in 'Supporting The Development of Scotland's Alcohol and Drug Workforce' statement are in place across all levels of service delivery which are based on the needs of your**	A	In December 2013 STRADA produced a Strategic Workforce Development Plan for Borders to support our local ROSC. The first action from the plan was to deliver a Substance Misuse Conference to launch the new alcohol and drugs services and approaches to recovery in the Scottish Borders. Delivered in May 2014 the programme included key national and local speakers and was fully subscribed. A short action plan developed in response to the conference has been completed.

	population.		The ADP has also facilitated delivery of briefing sessions and training events including: Alcohol awareness; Needle Exchange/Naloxone; Foetal Alcohol Spectrum Disorder/Alcohol Brief Interventions; New Psychoactive Substances (NPS); Performance Image Enhancing Drugs/Anti-Doping mechanisms; Children Affected by Parental Substance Misuse (CAPSM); Drug Related Death Risks and Alcohol & Workplace Policy. Overall these sessions reached 331 attendees. The ADP Workforce Development Sub-group will produce an annual workforce development directory of learning opportunities to support ROSC. The learning opportunities will be available for universal services, allied professionals and drug and alcohol services. During the consultation for our strategy it was identified that it was necessary to provide learning opportunities for children's social work services and adult alcohol and drugs services to increase understanding of the impact of recovery on families and children. We will take this forward in 2015-16 and have received an offer of support from Lloyds PDI for this action. Assurance: Services are required to report on training attended by staff and supervision and the ADP Support Team is managed within NHS systems re: Performance Review Processes, Personal Development Plans and supervision arrangements.
11	**Please provide a bullet point summary of your ADP's Alcohol and Drug Provision, to demonstrate the range of prevention, treatment/recovery & support interventions (including early interventions) commissioned by the ADP which have been delivered in the reporting period.** **We recognise there will be overlaps – please use local definitions.**	G	**Prevention** Alcohol brief interventions – a Local Enhanced Service arrangement is in place with GP's **Treatment and recovery and support interventions** Two adult services are commissioned (Addaction – low to moderate need; Borders Addiction Service – high or complex needs) Across both services the following is in place: • Blood Borne Virus tests • Naloxone training and supply • Psychosocial interventions Addaction: • Drug/alcohol related crisis interventions • Reintegration service • Employment support • Support groups/peer support • Injecting equipment provision • Family support groups BAS • Medical treatment

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			• Detoxification • Substitute prescribing • Psychological therapies • Access to residential rehabilitation (joint protocol with Scottish Borders Council) Pharmacy offers naloxone training and supply via Injecting Equipment Provision site. **Children and young people** - Children and Families Service delivered by Action for Children. • Support to young people affected by their own alcohol and drugs use • Support to children affected by parental substance misuse This service brings together provision of parenting support for clients whose substance use is affecting the family. **Independent advocacy** – ADP contributes to a contract between Scottish Borders Council and Borders Independent Advocacy Service.
12	**Please provide a brief summary of the interventions your ADP has delivered to support communities:** **a) Prevention of developing problem alcohol/drug use** **b) Community Safety/ Violence Against Women/Reducing Reoffending** **c) Children/ CAPSM**	A	a) Prevention of developing problem alcohol/drug use • ABI Local Enhanced Service in place in Primary Care • Active membership of Local Licensing Forum (LLF) and lead on production of the Borders Alcohol Profile. • Give Dry a Try – during January 2015 ADP members and colleagues across NHS, the Local Authority and Police Scotland committed to being alcohol free during January. • Action for Children participates in multiagency learning events (Crucial Crew and Safe T), school based health events, support to teachers to provide substance misuse education b) Community Safety/ Violence Against Women/Reducing Reoffending • Responsible drinking campaigns during local festivals and common ridings • Adult alcohol and drugs services perform Routine Enquiry for domestic abuse and childhood sexual abuse • ADP Support Team facilitated a mapping session for Community Justice stakeholders resulting in an action plan at strategic and operational level. • Addaction staff support Reconnect service for women in the criminal justice system c) Children/ CAPSM • Five CAPSM briefing sessions were provided to universal services as well as a training session with GP colleagues. Overall these sessions reached 97 individuals. Sessions were delivered in partnership with Action for Children, Addaction and Child Protection, • STRADA delivered a Working with Children and Families Training

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	d) Supporting people in moving on from treatment and care services for ongoing recovery (e.g Self Directed Support, mutual aid/recovery communities)		d) Supporting people in moving on from treatment and care services for ongoing recovery (e.g. Self Directed Support, mutual aid/recovery communities) • Recovery conversation café – November 2015 • Mutual aid – involved in ADP events and publicising of recovery work • Addaction MAP groups
13	**A transparent performance management framework is in place for all ADP Partner organisations who receive funding through the ADP, including statutory provision.** **B. Describe how all ADP Partners contribute to delivering outcomes identified in the Joint Strategic Needs Assessment (box 1) which includes prevention, recovery, treatment, support and throughcare services through ROSC provision, where in place.**	A	Services participated in quarterly contract monitoring meetings during 2014-15. Alignment of data collection was assisted by the development of reporting spreadsheets for each service. Data collected was used to inform a quarterly performance report for the ADP and ADP Executive Group. The Service User Involvement Service participated in 6 monthly monitoring meetings due to the less complex service, however, the ADP Service Co-ordinator was in regular negotiation with the provider. The independent advocacy service is monitored quarterly by SBC and the ADP Co-ordinator has the opportunity to comment on reports. Although we feel we have made significant progress in systematic reporting we have marked this as amber as the quarterly performance report is evolving at each presentation. Borders ADP has a history of positive partnership working. We have outlined particular examples below: • NHS - support to Addaction's provision of Naloxone and through IEP pharmacies • Safer Communities - responsible drinking, support to Drug Death Review Group • Social work – funding for Children and Families Service implementation of ABI's • Children and Young People's Leadership Group – funding for Children and Families Service • Scottish Ambulance Service and Borders Addiction Service – development of information sharing protocol • Scottish Fire and Rescue Service – complementary training on alcohol awareness/home safety to Fire crews and alcohol and drugs staff who are now able to refer for home safety checks • Contribution to conferences and training events as facilitators and attendees

REVIEW

14	**ADP Delivery Plan is reviewed on a regular basis, which includes a review of the provision of prevention activity, recovery, treatment and support services**	A	As above the ADP and Executive Group received quarterly performance reports during 2014-15. The main focus of these reports is service performance and they are evolving at each presentation. The Delivery plan is formally reviewed annually but it is anticipated that key actions will be reviewed more regularly in line with the performance report.

	(ROSC).		
15	**Progress towards outcomes focussed contract monitoring arrangements being in place for all commissioned services which incorporates recommendation 6 from the Delivering Recovery Report**	G	ADP contracts are monitored jointly by the ADP Strategic Co-ordinator, SBC Senior Contracts Officer and Social Work Group Manager – Mental Health and Addictions (Addaction) and Senior Policy Officer – Children's Services (Action for Children). During 2014-15 these services were monitored quarterly. North Star (service user involvement) is monitored 6 monthly. Feedback on all services is provided to the Executive Group via a quarterly performance monitoring report. In addition the Children and Families service is reported to the Commissioning Group of the Children and Young People's leadership group. The range of services described in the Delivering Recovery Report are included in new service contracts/SLA as follows: Third Sector adult: identifiable community rehabilitation services, including involvement of people with lived experience, employability and accommodation issues (also NHS Addiction service support workers). NHS Addictions services: access to detoxification, residential rehabilitation (in partnership with Social Work), access to a full range of psychological and psychiatric services
16	**A schedule for service monitoring and review is in place, which includes statutory provision.**	G	Formal service monitoring for all services was in place as described above. Data spreadsheet and any accompanying narrative are submitted prior to the meeting taking place to allow for review by commissioners and to address data queries in advance of the meeting. A short note of relevant action points is then shared with attendees.
17	**Service Users and their families play a central role in evaluating the impact of our statutory and third sector services.**	A	As described above our Service User Involvement Service commenced in May 2014. Minutes from regular group meetings are a standing item on the ADP Executive Group Agenda. In addition, Service users were involved in the consultation of our strategy, the planning and delivery of a Recovery Conversation Cafe in November 2014 and we disseminated a Service User Survey in Spring 2015. The number of service users involved in groups and returning surveys is relatively low, however, feedback from attendees is that a short period of involvement should be expected as once concerns are raised and responded to there may not be a need to continue attendance. As described above involvement of Carers is still in development. BAS performed audits on the Primary Care Facilitation service which delivers community based detoxification, and the Substance Misuse Liaison Service based in the acute hospital. These were supported by NHS Borders Clinical Governance and Quality Team. BAS also completed a small scale scoping survey with patients in one locality to inform development of a 'recovery hub'. We have sought advice from Scottish Drugs Forum to support improving service user

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			involvement.
18	**A There is a robust quality assurance system in place which governs the ADP and evidences the quality, effectiveness and efficiency of services.** **B. Please advise when (and how) your ADP has/plans to undertake an assessment of local implementation of the 'Quality Principles: Standard Expectations of Care and Support in Drug and alcohol Services.**	A	Regular monitoring of services and development of service user involvement (as above) will support quality assurance. In Spring 2014-15 we developed a service user questionnaire based on the Quality Principles to establish a baseline for current delivery. Although returns were low they provided areas of improvement which will be progressed during 2015-16 Quality Principles: a service user survey based on the Quality Principles was issued via the adult and children and families. The results of this act as the baseline for our performance against the principles. Action points arising from the findings will be discussed at the Quarter 1 monitoring visits. The survey will be repeated in 2015-16. Border ADP is participating in the Drug and Alcohol Improvement Game in September 2015 and we expect that to also contribute to implementation.
19	**Describe the progress your ADP has made in taking forward the recommendations from the Independent Expert Review of Opioid Replacement Therapies in Scotland. Please include any information around the following:** • **your (updated, if applicable) Key Aim Statement** • **a specific update on your progress in implementing it – have you achieved it/when do you plan to do so?**	A	• **Borders Key aim: 2013** Borders ADP will implement a ROSC model of service provision by May 2014 which will include provision for Service User involvement and engagement in ADP processes. To ensure we comply with Essential Care recommendations we will also collaborate with colleagues to ensure provision of advocacy support for people with substance misuse problems by June 2014. **Progress:** As previously reported new services commenced in May 2014. Central to our ROSC is integrated working. A great deal of work has been undertaken by Addaction and BAS to develop their services to fit with the ROSC model. Both services now have locality based teams and locality staff work to ensure client needs are met. Development of a shared assessment tool has been challenging due to different structural and support systems across the services, however, there is commitment to making this happen and a draft format has been piloted. Shared promotional material has been developed and the services have jointly attended team meetings and other relevant gatherings of stakeholders. Action for Children meanwhile has worked hard to develop relationships with key colleagues including reviewing processes for work with Police Scotland and Social Work. The joint workforce development programmes delivered by STRADA to support our local ROSC helped underpin this. SBC commissioned an independent advocacy service from BIAS (Borders Independent Advocacy Service) which did not commence until October 2014 due to delays outwith the control

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			of the ADP. The ADP contributed to this tender to explicitly confirm support for alcohol and drugs clients. The ADP Co-ordinator attended the BIAS team meeting to provide context to our ROSC. Staff reported that while clients may not identify alcohol and drugs as their presenting issue at times this will be part of the wider context of their lives. Reporting format has been adjusted to better illustrate provision for these clients. • **Key aim 2015: Improve recovery outcomes for service users and reduce number of deaths from accidental drug use to fewer than four per year by 2020** Our 2015 key aim re the ORT Review is as above. This is one of our key aims from our 2015-2020 Strategy. Feedback from clients is that they are well supported during treatment but we are aware that there is much to do to improve opportunities for post treatment recovery. This is a key priority for 2015-16. Our Delivery Plan and Strategy outline our approach to reducing Drug Related Deaths. We have scored this element as Amber as we are still developing in-house systems to support ROSC and are aware that although we have reached over 400 people via ADP Support Team led workforce events during 2014-15 there is still a substantial proportion of the workforce to reach. During 2015-16 we will take a planned approach to delivery by developing a Workforce Development Brochure outlining the training opportunities available throughout the year and online.
	• **Outline the work of your ORT Accountable Officer**		**ORT Accountable Officer –** During 2014-15 the ORT Accountable Officer has led on Review of NHS Borders Clinical Guidelines for ORT. This will progress to the Area Drug and Therapeutic Committee in due course. The Accountable Officer supported a submission to the Consultation on Review of Orange Guidelines and will ensure an appropriate response to any recommendations or requirements arising from the published document. The Accountable Officer supports the work of the Substance Misuse Pharmacist.
	• **How many people were in receipt of opiate replacement therapies in your area between 1 April 2014 & 31 March 2015.**		226 people were in receipt of opiate replacement therapies in Borders between 1 April 2014 & 31 March 2015.
	• **Information on length of time on ORT and dose**		A process for ensuring we have accurate data on this is being progressed by Borders Addiction Service.

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	• **Information about any related staff training in ORT provision or recovery orientated systems of care.** • **Detail of any ORT focussed groups operating in the area.** • **GP engagement – how drug and alcohol treatment is being delivered in primary care settings.**		I**nformation about any related staff training in ORT provision or recovery orientated systems of care -** based on the Workforce Development project a bespoke workforce development programme for specialist alcohol and drugs services; allied services and universal services was developed via a multi-agency group led by STRADA and delivered 6 programmes focussing on 'Unlocking Recovery in Scottish Borders'. Three separate programmes were developed for alcohol and drugs services, allied professionals and staff in universal services. 94 individuals attended these sessions. During 2015-16 bespoke sessions facilitating joint working between alcohol and drugs and gender based violence services will be delivered. An evaluation report will be produced by STRADA/SDF following these sessions which will provide insight and direction for future programmes. Borders Addiction Service is embedding non-medical prescribers into their service. • **Detail of any ORT focussed groups operating in the area** – we do not have any ORT focussed groups operating at the moment • **GP engagement** – While prescribing in Primary Care is low in Borders, the view of the GP Sub –Committee when approached was that the system of lower intensity Prescribing and Support Service (PASS) Clinics delivered by Borders Addiction Service were working well and provided a consistent approach to prescribing ORT) and this would be challenging to replicate in Primary Care. Prescribing of ORT sitting with the specialist service allows GP colleagues to address wider health and also social issues, in particular around the family while maintaining a potentially less confrontational relationship with patients and eliminates disruption to practices. A GP Specialist Role supports the NHS Addictions Service caseload and is able to act as a link to primary care colleagues. In addition, the Primary Care Facilitation Nurse is supported by GP colleagues to deliver home detoxification programmes.
20	**Please describe in brief bullet points how your ADP and partners are contributing to delivery of a Whole Population Approach for Alcohol.**	G	• ABI in priority and wider settings (Penumbra, Social Work, Police Custody Suites, Anti-social behaviour) • Contribution to Local Licensing Forum and development of Alcohol Profile • Dry January campaign 2015 • Responsible drinking campaigns in partnership with Safer Communities

<table>
<tr>
<td>21</td>
<td>How many service users are in receipt of prescriptions for problem alcohol use?</td>
<td></td>
<td>From the NHS Borders database there are 365 patients currently prescribed medications for problem alcohol use as follows:

<table>
<tr><td>Drug Name</td><td>Number of Patients across NHS Borders</td></tr>
<tr><td>Acamprosate</td><td>139</td></tr>
<tr><td>Chlordiazepoxide</td><td>125</td></tr>
<tr><td>Clomethiazole</td><td>Suppressed due to low numbers</td></tr>
<tr><td>Disulfiram</td><td>92</td></tr>
<tr><td>Nalmefene</td><td>Suppressed due to low numbers</td></tr>
</table>

A total of 18 clients are currently directly prescribed by Borders Addiction Service</td>
</tr>
<tr>
<td>22</td>
<td>How many service users are receiving counselling/support through ADP commissioned services?</td>
<td></td>
<td>The total number of adult clients who received support for alcohol during 2014-15 was 544.</td>
</tr>
<tr>
<td>23</td>
<td>How many service users have received treatment for ARBD in the reporting period?</td>
<td></td>
<td>3 Alcohol Related Brain Damage (ARBD) assessments were carried out in 2014-15. This was lower than previous year and referrals have increased this year. Numerous additional pre-referral discussions were had with colleagues regarding potential referrals, however several of these did not materialise due to a variety of reasons: a) insufficient abstinence periods (i.e. < than the required 4 weeks) being achieved; and b) individuals' physical health or mental deteriorating to such an extent that a referral for ARBD assessment would not be appropriate. Two of the three ARBD assessments which were received came as a result of the individual concerned being hospitalised for a lengthy stay (i.e. > than the 4 weeks required for ARBD assessment).</td>
</tr>
</table>

2. Financial Framework 2014-15

Total Income from all sources

Income	Alcohol	Drugs	Total
Earmarked funding from Scottish Government	£1,039,066	£315,141	£1,354,207
Funding from Local Authority	£116,185	£34,704	£150,889*
Funding from NHS (excluding funding earmarked from Scottish Government)	£93,046	£27,793	£120,839*
Funding from other sources	£116,288	£34,735	£151,023*
Total	**£1,364,585**	**£412,373**	**£1,776,958**

- Funding from the Local Authority relates to the contribution to the Low-Moderate Needs & Integration Service and Children & Families Service and Residential Rehabilitation costs only
- Funding from NHS relates to the additional direct costs of Borders Addictions Service (excluding Prescribing) only
- Funding from Other Sources relates to the carry forward of the earmarked funding from Scottish Government

Total Expenditure from sources

	Alcohol	Drugs	Total
Prevention (include community focussed, early years, educational inputs/media, young people, licensing objectives, ABIs)	£153,672	£45,902	£199,574
Treatment Support & Recovery Services (include interventions focussed around treatment for alcohol and drug dependence)	£986,590	£294,696	£1,281,286
Other (including ADP Support Team)	£151,817	£45,348	£197,165
Total	**£1,292,079**	**£385,946**	**£1,678,025**
Surplus	**£72,506**	**£26,427**	**£98,933**

End Year Balance for Scottish Government earmarked allocations

	Income £	Expenditure £	End Year Balance £
Total	**£1,505,230**	**£1,421,764**	**£83,466**

Total Underspend from all sources

Underspend £	Proposals for future use
15,000	**ARBD**
23,331	**Alcohol Development Worker (Community)**
14,020	**Alcohol & Drugs Social Worker**
19,300	**AWTP Traineeship**
5,000	**Recovery Café Development**
2,000	**Training Budget**
20,282	**Uncommitted**

2.4 Support in kind

The following table outlines support in kind provided by ADP partners to implement the ADP Delivery Plan 2012-2015 during 2014-15.

Provider	Description
AA	Support to Substance Misuse Conference, Recovery Conversation Cafe including supply of materials.
Al Anon	Attendance at Substance Misuse Conference and Recovery Conversation Cafe including supply of materials.
Alcohol Focus Scotland	Support with Local Licensing Forum Alcohol Profile, national policy support, involvement in Licensing Conference
Crew2000	Support to Drugs Trend Monitoring Group, training on New

	Psychoactive Substances.
Health Scotland	Support regarding ABI delivery.
Lloyds PDI	Support to development of Early Intervention and Prevention paper.
NHS Borders	Leadership and influencing, representation on ADP and sub-groups, Communications Department.
Police Scotland	Leadership and influencing, representation on ADP and sub-groups, ABI's in Custody Suites.
Scottish Borders Council (SBC)	Leadership and influencing, Commissioning and Procurement Team, representation on ADP and sub-groups, Communications Department, Estates and Facilities (ADP Support Team located in SBC Headquarters), Alcohol Brief Interventions roll-out, Legal and Democratic Services, Business Consultant support to e.g. alcohol profile.
Scottish Drugs Forum	Advisory support, Service User Involvement, National policy support, representation on Drug Trend Monitoring Group, training on New Psychoactive Substances and Take Home Naloxone, representative on Naloxone Steering Group.
Scottish Government	Leadership and influencing, support with Investment Review process, ADP Chairs events, support with development of NHS Service Level Agreement, Peer Meetings for ADP Support Team, support with development of 2015-18 Delivery Plan and ADP Strategy 2015-20, speaker for Substance Misuse Conference, May 2015.
STRADA	Support with Workforce Development Project, lead for development and delivery of local bespoke training and generic training.

3. Core Outcomes, Core Indicators and Local Indicators 2014-15

The following section includes activities, local improvement goals/targets and indicators towards the national ADP Core outcomes. Core Indicators that have no new data have not been included e.g. binge and problem drinking. All baseline data reflected is for 2011/12 unless otherwise stated. Improvement targets have been set where there is up to date data.

Benchmarking is also included for those national indicators where data is available, comparing Borders ADP's performance to Scotland (see benchmarking key) and other local authority areas (where available).

Scottish Borders has a benchmarking 'family'[1] which consists of seven similar local authority areas. These areas are:

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

The information below presents data for each core indicator including the following areas where available:

- Benchmarking against Scotland average
- Benchmarking against 'local authority family' average.

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

Key

The following key will be used to monitor progress against targets, trends and benchmarking:			
	On target	⇧	Positive trend where no target set
	Just off target	⇩	Negative trend where no target set
	Off target	⇔	Stable trend
	Data only for information		
Benchmarking against Scotland and 'family'			
	Significantly 'better' than National/family average		Significantly 'worse' than National/family average
	Not significantly 'different' than National/family average		No significance can be calculated

3.1 Core ADP Outcome - Prevalence: Fewer adults and children are drinking or using drugs at levels or patterns that are damaging to themselves or others

Summary Commentary:
Key points to note are:

- The prevalence of problem drug users has increased however this was not noted in the published data as statistically significant. Borders prevalence is lower than Scotland and family average.
- Data relating to alcohol and drug use in children aged 13 and 15 is collected via the SALSUS study which takes place every 2-3 years. The 2013 study included a 'boosted' sample which led to the number of participants increasing from 750 in 2010 to 1,706 in 2013. It may be that this larger sample size has produced more reliable data.
- 15 year olds reporting drug use increased in most recent data between 2010 and 2013 and similar to Scotland and family average. Police colleagues and services have not reported any local intelligence to the ADP that drug use is increasing in children and young people.
- The percentage of 15 year olds reporting drinking in previous week has reduced and similar to Scotland and family average.
- Data for weekly, binge and potential problem drinking has not been updated. The percentage of adults exceeding weekly/daily drinking limits and individuals drinking above twice daily guidance is very similar to Scottish average. The percentage of adults with potential problem drinking is slightly below Scottish average. Benchmarking data is not available.
- The Substance Misuse Education project has continued to face delays. A change in structures within education led to this work being halted. Progress has been made in collating resources and planning CPD sessions, however, on advice from colleagues in education this work has been put on hold until Autumn 2015.

Core Indicators	Baseline	Most recent (date)	Progress against local Improvement Goal/Target 2014/15	RAG	Bench marking against Scotland	Bench marking against 'Family'
Prevalence of problem drug users	0.8% (2011-12)	1% (710) (2012-13)	No target set for 2014/15 as data only received in 2014/15. The ADP Strategy for 2015-20 has set targets for these indicators.	⇩	●	●
Drug use in previous month (pupils age 15)	6% (2010)	10% (70) (2013)		⇩	○	○
Drug use last year (pupils age 15)	11% (2010)	15.5% (104) (2013)		⇩	○	○

Weekly drinking (pupils age 15)	17% (2010)	13.9% (95) (2013)		⇧	◯	◯

Local Indicators	Baseline	Most recent (date)	Progress against local Improvement Goal/Target 2014/15	RAG
Recommendations on future delivery of Substance Misuse Education and roll out across Scottish Borders to be made by end June 2013.	N/A		This project has faced delays and is on hold until Autumn 2015.	
Number of referrals to specialist services by Police Scotland (Action For Children, Social Work). *Previous data for face2face service	80 (2 year average 2010/11 – 2011/12)*	79 (2 year average 2013/14 - 2014/15)	84 (2 year average 2012/13 - 2013/14)	
Percentage of workplaces which Workplace Health Services are involved with which have up to date substance misuse policies.	60% (2012 – 2013)	62% (2014 – 2015)	50%	
Number of individuals and employers who access Workplace Health Services for advice and support on substance misuse issues.	6 employers and 8 staff (2012 – 2013)	16 employers and 12 staff (2014 – 2015)	Not applicable	

Key actions delivered to support this outcome in 2014/15

- Alcohol Brief Intervention (ABI) HEAT Standard achieved in line with guidance. A refreshed Local Enhanced Service arrangement was agreed with Primary Care colleagues. A review of ABI delivery in Antenatal setting was carried out with implementation May 2015. This included two training sessions, change in recording processes and development of electronic data collection system.
- Extended delivery of ABI in wider settings to Integrated Children's Services and Transitions Team with plans to roll out to Learning Disabilities Team and Adult Social Health Care Setting.
- Referral process for young people identified by Police Scotland reviewed and updated by partners including the new Children & Family Service.
- Substance Misuse Education – a small working group has collated resources and the planned two CPD sessions has been delayed due to structural and personnel changes.
- Action for Children delivered sections of Crucial Crew and Safe T multi-agency events co-ordinated by Safer Communities for P7 and S4 respectively.
- Continued increased awareness, and monitoring on NPS via Drug Trend Monitoring Group with alerts circulated as required and 5 NPS training sessions have been delivered.
- Support to registered social landlords in development of substance misuse policies and training with 42 members of staff in attendance.
- Joint work with Fire and Rescue Service enabled referrals of individuals from alcohol and drugs services for Home Safety Checks. This was supported by alcohol briefing sessions across all teams in Borders and reciprocal sessions for alcohol and drugs services staff.
- ADP Support Team responded to the consultation on NHS Borders Workplace Alcohol and Substance Policy.

- ADP Support Team worked with Safer Communities and NHS Borders to deliver a small 'Dry January' campaign. This was widely publicised via SBC and NHS Borders facebook and twitter feeds. It was the second largest audience of all campaigns on the NHS Borders 'Small Change, Big Difference' facebook page and received positive coverage in the local press.

3.2 Core ADP Outcome - Health: People are healthier and experience fewer risks as a result of alcohol and drug use

Summary commentary:

- The trend for Scottish Borders drug related hospitals stays is increasing. It is lower than the Scotland average but not significantly different to the family average. The national estimated prevalence survey[2] shows that the proportion of all male problem drug users that are aged 35 to 64 has increased from 43% in 2009/10 to 51% in 2012/13. As drug users grow older they are more likely to experience concurrent physical and mental health problems. This, alongside the recent increased reported prevalence, may account for some of the increase in hospital stays.
- The rate of alcohol related hospital stays for Scottish Borders has remained stable and is below the Scotland average. It is slightly above the family average but this is not statistically significant.
- Scottish Borders rate for drug related deaths is increasing over previous six years however remains below the Scotland average. The rate is above the benchmarking average but neither of these differences is statistically significant.
- We have a high reach of Take Home Naloxone distribution.
- The number of individuals who are prescribed Opioid Replacement Therapy continues to increase year on year.

Core Indicators	Baseline	Most Recent (date)	Local Improvement Goal/Target 2014/15	RAG	Bench marking against Scotland	Bench marking against 'Family'
Drug-related hospital stays	91 Rate: 101 (2011-12)	74 Rate: 82.9 (2013-14)	Reduce	⇩	●	○
Alcohol-related hospital stays	697 Rate: 627 (2011-12)	632 Rate: 566 (2013-14)	Reduce rate to 544 by 2014-15	✓	●	○

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

Alcohol-related mortality	12.8 (2011)	12.6 (2013)	Reduce	⇧	●	○
Drug-related mortality	8.7 (2011)	8.7 (2013)	Reduce	⇩	○	○

Local Indicators	Baseline	Most Recent (date)	Local Improvement Goal/Target 2014/15	RAG
Number of individuals on Opioid Replacement Therapy	145 (Jan 2011)	269 (July 2014)	No target set, ADP to monitor	
Cumulative total of THN kits supplied and as % of Problem Drug Users	144 (2011-12) (25%)	507 (2014-15) (72%) 46 first supplies (2014-15 only)	Distribute 46 first supply kits in 2014-15	

Key actions delivered to support this outcome in 2014/15

- Annual drug related death report was completed for 2014 and discussed at the ADP. Risk factors for drug related deaths highlighted to GP's via newsletter and RefHelp (GP information system) and via children affected by parental substance misuse (CAPSM) training. Drug related deaths action plan incorporated into ADP Strategy for 2015-20.
- Performance framework in place for monitoring Service Level Agreement/Contracts based on Recovery Orientated System of Care frameworks and Essential Care within new drug and alcohol services.
- Expansion of provision of Take Home Naloxone Kits within Injecting Equipment Providers in pharmacy and Addaction.
- Local Substance Misuse Conference delivered with 97 delegates attending. 8 additional training opportunities provided.

3.3 Core ADP Outcome – Recovery: Individuals are improving their health, well-being and life-chances by recovering from problematic drug and alcohol use

Summary commentary:

- National recovery indicators are in development and currently being piloted. At the moment the Star outcome tool is used in adult substance misuse services and the Children and Families service uses an in-house tool and the Scottish Borders Wellbeing Web. Star outcomes is resonant with the proposed national recovery outcomes
- Outcome data has been developed for Action For Children for 2014-15
- Routine enquiry data has improved from previous year although there had been a significant drop in the previous year

Local Indicators	Baseline 2011/12	Most Recent (date)	Local Improvement Goal/Target 2014/15	RAG
% of children and young people engaging with children & young people service who reduced or stopped substance use. *Previously face2face	60%*	89% (Alcohol) 67% (Drugs) (2014-15)	65%	
Percentage of women accessing specialist drug/alcohol services who have received routine enquiry for domestic abuse.	92% (Addaction only)	66% (Addaction) 43% (BAS) (2014-15)	92%	

Key actions delivered to support this outcome in 2014/15

- Work has been undertaken to improve performance relating to routine enquiry and performance increased on previous year. A new system for collating information was supported in BAS. There is still room for improvement on this indicator.
- Borders Strategic Workforce Implementation Plan continued to be delivered with 6 bespoke training programmes delivered by STRADA to support ROSC. 94 individuals attended.
- A new Service User Involvement Service was implemented. Feedback from service user meetings is a standing item on the Agenda for the ADP Executive Group.
- A Recovery Conversation Cafe supported by Scottish Recovery Consortium was delivered with over 50 attendees. Subsequently drug and alcohol services have allocated dedicated staff time to develop their respective service's role in recovery.
- Services continue to support recovery via, for example, employability work in Addaction and mindfulness training in BAS

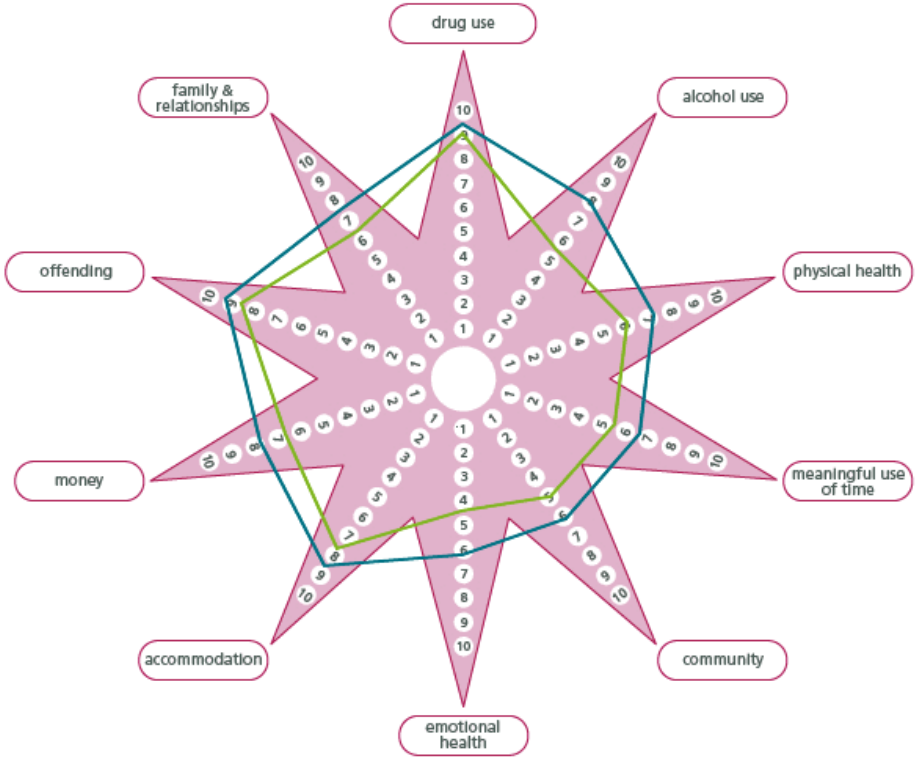
3.3.1 Service user outcomes: Adult Services – NHS Borders Addiction Service (BAS) and Addaction

Adult drug and alcohol services use the Star outcome tool to measure and support progress for service users towards their recovery goals. A score is based on a system from 1-10 and range from 1 – 'being stuck', to 10 – 'being self reliant'. The process is then repeated at review intervals (3 monthly and at discharge).

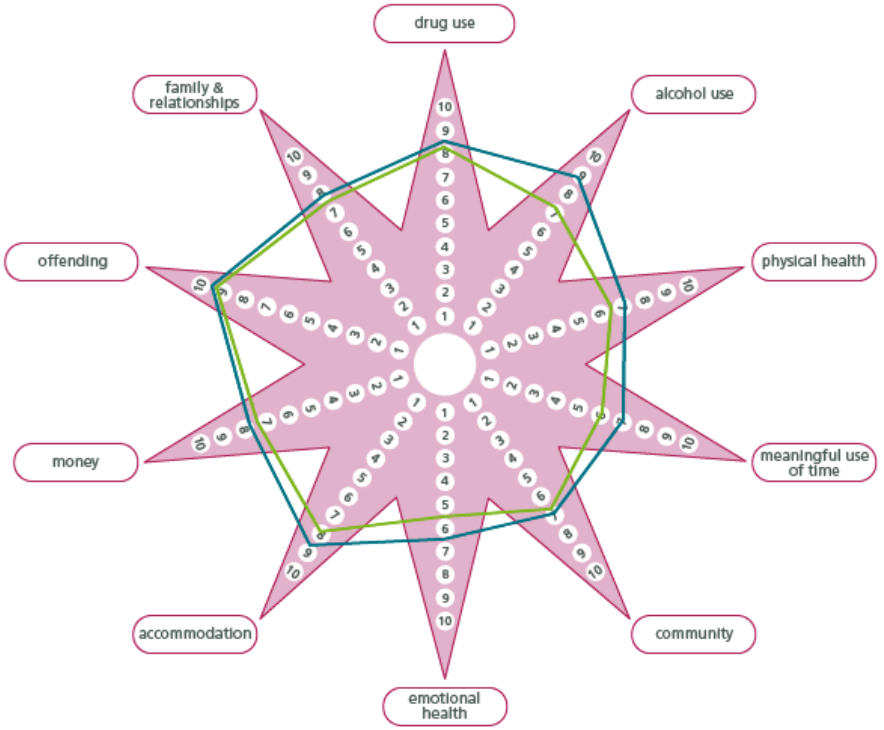
Data is presented below in the form of a Star diagram which can show average improvement across each domain for each service at regular intervals to track progress. The Stars below illustrate reports on Drug & Alcohol Star data for the Addaction and BAS treatment services showing the average progress for each scale made by service users up to the time period 2014-2015 (Apr-Mar). The initial reading used is the first ever. The final reading used is the most recent in the time period. Only clients who have had a review done will feature within this report.

Star			
	First reading		Most recent

Addaction: 114 clients



NHS BAS: 101 clients



This data shows an improvement across all domains in both the Addaction and Borders Addiction Service. While we have presented the Stars alongside each other to show overall progress, it must be noted that clients accessing the services will likely present with different levels of concern across the domains and, depending on the stage of their recovery, will report progress at different rates.

3.3.2 Addaction

24% of people discharged were abstinent while an additional 17% had reduced alcohol or drugs consumption.

Employability

As part of their reintegration work Addaction provides employability support. 59 referrals were received over the year and of those the following outcomes were achieved:

Outcome	Number
Individual Learning Account	6
CV	22
College	11
Voluntary work	5
Employment	9

In addition, Addaction has used a small amount of funding from Fairer Scotland to develop the role of volunteering in the project by development of induction programmes and joint work with Borders College to consider access to 'taster training days'.

3.3.3 NHS Borders Addiction Service

For those clients with outcomes recorded, 44% were abstinent or had reduced usage. In addition to the treatment service BAS also have a small Addictions Psychological Therapies Team (APTT) which reported positive outcomes via clinician

rating and the recognised psychological tools of Clinical Outcomes in Routine Evaluation (Core-10) and Lifestyle Satisfaction Questionnaire (LSQ). 42 service users were discharged from APTT during 2014-15. For 42 clients there was a shift from a score rated Core-10 which is designed to assess changes in service users' psychological and social wellbeing as a result of treatment. Data for the clients discharged shows an improvement in the average Core-10 scores from 'moderately severe level of problems' to 'moderate level of problems' reflecting a significant improvement in social and psychological wellbeing.

Mindfulness Psycho-educational Group

This is a 4 week educational group run by two nurse therapists. 4 mindfulness groups were delivered with a total of 25 attendees. Initial feedback shows that: 97% of attendees stated that the use of mindfulness would be of benefit for them in the future, with 3% stating they were unsure. 100% stated they would recommend to others to attend a mindfulness group.

3.3.4 Children and Families Service – Action for Children

This service provides support to children and young people affected by their own and other's alcohol and drugs use but also to parents whose alcohol and/or drug use is affecting the family. There are a range of core outcomes that the service reports on and these are presented below for the 64 cases that were closed over the year.

Outcomes	% of Service Users who demonstrated an overall improvement
Young person reduces alcohol use	89%
Young person reduces drug use	67%
Parent reduces alcohol use	100%
Parent reduces drug use	83%
Improved emotional well-being of service user (parent / child / young person)	100%
Improvement in self-protection / personal safety skills (child / young person)	75%
Child / young person lives safely in home with parents / carers	84%
Child / young person / parent sustains / achieves potential in education / employment / training.	77%
Improved parenting skills / ability to maintain safe environment for child / young person.	100%

3.4 Core ADP Outcome - Families: Children and family members of people misusing alcohol and drugs are safe, well-supported and have improved life-chances

Summary commentary:

- The rate of maternities with drug use over the previous years has increased for Scottish Borders which follows the national pattern. The rate of maternities with drug use is significantly better than the Scottish and family average.
- Child protection rates are difficult to interpret as the numbers of cases is relatively low. There may also be variance in accuracy of recording and variance in rates per population of children on the child protection register. For these reasons we have not benchmarked.
- The Children and Families service monitored positive outcomes for this year in relation to parenting.

Core Indicators	Baseline 2011/12	Most Recent (data)	Local Improvement Goal/Target 2014/15	RAG	Bench marking against Scotland	Bench marking against Family
Maternities with drug use	9.2 (2009 – 2012)	9.9 (2010 – 2013)	Not applicable			
Child protection with parental alcohol/drug misuse	N/A	3.7% (2014)				Not benchmarked

Local Indicators	Baseline 2011/12	Most Recent (data)	Local Improvement Goal/Target 2014/15	RAG
% of parent attending Children and Families Service who report positive parenting outcomes	N/A	100% (2014-15)	Not applicable	

Key actions delivered to support this outcome in 2014/15

- Action for Children provided delivery of support to families to improve parenting and reduce impact on children, support to young carers impacted by parental substance misuse and to young people using substances.
- Five CAPSM briefings provided to universal services as well as a training session with GP Colleagues.

3.5 Core ADP Outcome - Community Safety: Communities and individuals are safe from alcohol and drug related offending and antisocial behaviour

Summary Commentary:

- No update has been made available on the national core indicators surrounding 'Alcohol related' offences and drugs funded by crime.
- Police Drug Seizures was below target however drugs related offences continue to be an area of focus for Police Scotland including a number of intelligence led operations

Local Indicators	Baseline 2011/12	2014/15	Local Improvement Goal/Target 2014/15	RAG
Number of Police drug seizures	342 (3 year average 2009/10 – 2011/12)	326 (3 year average 2012/13-2014/15)	359 (3 year average 2012 - 15)	
Number of drink and drug driving offences	137 (3 year average) (2009/10) – 2011/12)	105 (3 year average 2012/13-2014/15)	130 (3 year average 2012-15)	
Number of Safer Communities Campaigns e.g. Responsible Drinking Campaign, Festive Drink & Drive Campaign	5	8	6	
Number of young people who have had alcohol confiscated or found under the influence of alcohol by Police.	343 (2 year average (2010 -12)	353 (2 year average 2012-14)	360 (2 year average 2012-14)	
Percentage of test purchasing visits to Licensed Premises passed	96% (2011-12)	100% (2014-15)	100%	

Key actions delivered to support this outcome in 2014/15

- Drug seizures continued throughout 2014-15 including one high profile intelligence led drug operation which not only led to detections but also deterred and disrupted people involved in the supply of illegal substances. This enforcement work sits within a context of wider partnership working in terms of prevention and reduction.
- Police Scotland continues to take all opportunities to tackle drink and drug driving with regular campaigns taking place alongside officers breathalysing all motorists when legislation permits. The recent reduction in the drink drive limit in Scotland received a lot

of positive publicity and stressed that no alcohol was the only safe limit. Through the Safer Communities partnership this new limit was also well publicised in Northumberland as well as in the Scottish Borders.

- Through Locality Integration Officers, Police Scotland continues to engage with young people both in school and the community, as well as through multi-agency events such as Safe T and Crucial Crew. These officers have reducing drugs and alcohol use as a priority and work with a range of partners to educate young people regarding substances. Through the Antisocial behaviour Unit any emerging locations linked to underage drinking have been tackled at an earlier opportunity than previously. In addition it appears that many young people are less visible as the ability to communicate through social media and electronic devices becomes cheaper and easier to access. This has led to further interventions at private locations where underage drinking has occurred.
- Work with local events over summer period to encourage all those involved in the sale and service of alcohol at these community events to strictly enforce the mandatory Challenge 25 policy and to refuse service to anyone considered drunk. Inputs provided to staff working at these events on 'Who Are You' tool (bystander theory for prevention of sexual violence).
- Briefings provided to staff on Managing Drug Related Litter Protocol to ensure safe collection, disposal and monitoring of discarded sharps and drugs paraphernalia.
- Provision of DTTO Services by Criminal Justice Social Work.
- Review of referral process to Action for Children by Police Scotland.

3.6 Core ADP Outcome - Local Environment: People live in positive, health-promoting local environments where alcohol and drugs are less readily available

Summary Commentary:

- The percentage of 15 year old pupils being offered drugs continues to decrease with similar numbers to Scotland and benchmarking average.
- The percentage of people who feel rowdy behaviour is common or fairly common has decreased to 3.9% which is significantly 'better' than Scotland and benchmarking average.

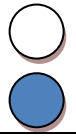
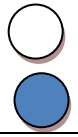
Core Indicators	Baseline 2011/12	Most Recent	Local Improvement Goal/Target 2014/15	RAG	Bench marking against Scotland	Bench marking against Family
Drug misuse in neighbourhoods.	7.2% (2009 /10)	7.5% (2013)	Reduce to 7.2% by March 2014			
15 year olds being offered drugs	40% (2010)	32% (2013)	The ADP Strategy for 2015-20 has set a target for this indicator.			
Perceptions of rowdy behaviour in neighbourhoods.	6.5% (2012/13)	3.9% (2013)	ADP to monitor			
Licenses in force.	Both:473 (number) 51.8 (rate)	Both: 468 (number) 50.9 (rate)	Not applicable.			Not bench-marked
Personal licences	939 (n) 102.8 (r) Nil refused (as at March 2011)	1,106 (n) 120.3 (r) Nil refused (as at 31 March 2012)				Not bench-marked

Key actions delivered to support this outcome in 2014/15
• The Borders Alcohol Profile was updated to provide data and evidence to inform Licensing Board. • Objections to licensing applications were provided by Director of Public Health where applications were inconsistent with the 'Public Health Objective' and the Licensing Board Policy Statement. • ADP Support Team continues to support the Local Licensing Forum and any associated projects. • A response was submitted to the consultation on 'Future Options for Licensing' paper • Production of an 'infographic' leaflet with key highlights from the 2013-14 Annual Report which was used to increase awareness of ADP work through in-house and public local authority publications and distribution at events. • A paper was produced with evidence, best practice guidelines and findings from the Investment Review on prevention and early intervention. As a result funding was identified for Alcohol Development Officer (Communities) (recruited May 2015).

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

Summary Commentary:

- Scottish Borders have continued to over perform on the target number of Alcohol Brief Interventions delivered and ensuring the target for no more than 10% of clients to wait more than three weeks from referral to treatment.

Core Indicators	Baseline 2011/12	Most recent (data)	Local Improvement Goal/Target 2014/15	RAG	Bench marking against Scotland	Bench marking against Family
Alcohol brief interventions	2727 (2011/12)	1803 (2014-15)	1247		No update available	No update available
Treatment waiting times (% of clients waiting more than three weeks)	13.6% (Drug) 5.4% (Alcohol) (2011/12)	2.5% (Drug) 0.9% (Alcohol) (2013-14)	5% (Drug &Alcohol)			

Key actions delivered to support this outcome in 2014/15

- Continued delivery of ABI in priority settings as per HEAT Standard Guidance and wider settings include Criminal Justice Social Work, Antisocial Behaviour Unit, Police Custody area, Penumbra Youth Service. Expansion into Integrated Children's Services and Transitions Team.
- Continued delivery of Waiting Times Standard.
- Service user feedback provided on regular basis to each ADP Executive Group with actions implemented as appropriate.
- STRADA Workforce Development Project Action Plan implemented with six training opportunities focussing on 'Recovery' made available and 94 individuals attending.
- Development of a performance framework for commissioned services.

4. ADP & Ministerial Priorities

4.1 ADP Priorities 2014-15

This section provides progress towards the five key commitments for 2014-15. The ADP has made significant progress towards each of the 5 identified priority areas. These are covered within the Self Assessment template but for ease of reference have also been highlighted here.

1 To further develop service user Involvement in the structure of the ADP
2 To develop 'informal' recovery networks with the support of Scottish Recovery Consortium and mutual aid
3 To implement and evaluate the Workforce Development Action Plan
4 To robustly monitor performance of new services
5 To ensure all current services and new developments are Equality Impact Assessed

	ADP Priority	**R A G**	**Evidence**
1	To further develop Service User Involvement in the structure of the ADP	A	As describe in the self assessment the Service User Involvement Service has been in operation since May 2014 and service users have been involved in a variety of ways during the year. However, participating numbers are low and we aim to increase the levels of engagement over time.
2	To develop 'informal' recovery networks with the support of Scottish Recovery Consortium and mutual aid	A	All services have been involved in developing 'informal' recovery networks over the year. In November 2014 a multiagency group including people in recovery hosted a successful Recovery Conversation Cafe with over 50 attendees which included Elected Members, staff from and partnership agencies, people in recovery and affected family members. This event was written up and members of the Cafe working group made subsequent visits made to Recovery Cafes in other areas. Agreement has been reached with Addaction regarding their role in taking forward informal cafe evenings and the first of these took place in May 2015 in the premises of a partner agency which had been part of the original working group. Support has also been given by Addaction and Social Work staff to two people in recovery in the Berwickshire area, they are interested in establishing an informal support network. MAP (Mutual Aid Partnership) groups continue in Addaction. As outlined above BAS have sought service users views regarding the development of recovery

	ADP Priority	RAG	Evidence
			hubs in a locality area. AA and Al Anon representatives have supported the Recovery Cafe and other pieces of work as outlined above. We have scored this as amber since, although progress has been made on this priority, there is still work to do.
3	To implement and evaluate the develop a Workforce Development Action Plan	A	As described in the self assessment extensive work has taken place to implement the Workforce Development Action Plan. An evaluation report from STRADA will be provided in August 2015 and will inform future work. The consultation for our ADP Strategy 2015-20 identified workforce development as a key area of work therefore we have scored this as amber since, although progress has been made on this priority, there is still work to do to support colleagues to play their part in a ROSC.
4	To robustly monitor performance of new services and transparent monitoring framework incorporating a monitoring feedback schedule to the Executive Group	G	As per the self assessment, arrangements for quarterly reporting for 2014-15 through use of bespoke spreadsheets for services and a Performance Scorecard for the Executive Group and ADP have been implemented. We have scored this as green as the process has been implemented. We recognise that ongoing evolution of the process continues and for the overall Self Assessment have scored as amber.
5	To ensure all current services and new are Equality Impact Assessed	G	Our 2015-20 Strategy was Equality Impact Assessed.

4.2 ADP Priorities for 2015-16 based on Self Assessment

The following ADP priorities have been identified for 2015-16 based on the self assessment carried out and including progress towards 2014-15 priorities.

1 To further develop service user involvement in the structure of the ADP
2 To engage with carers and affected family members to inform a suitable response from services and the ADP
3 To develop 'informal' recovery networks with the support of Scottish Recovery Forum and mutual aid
4 To clarify all aspects of governance and reporting structures for the ADP following Social Care and Health Integration
5 To robustly monitor performance of new services and joint working to support Borders ROSC

4.3 Ministerial Priorities

All of the Ministerial Priorities for 2014-15 will continue into 2015-16. There are three new priorities for 2015-16.

This section provides information on the following:

- Ministerial Priorities – Continuing: an update on measures to attain the improvement goals relating to Ministerial Priorities for 2014-15 and improvement goals for 2015-16
- Ministerial Priorities – New: an outline of improvement goals and measures for delivering these new priorities

4.3.1 Ministerial Priorities - Continuing

4.3.1.1 Compliance with the Drug and Alcohol Waiting Times Local Delivery Plan (LDP) Standard, including, increasing the level of fully identifiable records submitted to the Drug and Alcohol Treatment Waiting Times Database (DATWTD)	
Commentary	2.1. HEAT standard relating to 3 week waiting times from alcohol and drugs clients referral to treatment was achieved. A two monthly group meets to review and ensure compliance with waiting times. It is proposed to expand the agenda for this meeting to include other performance reporting. 2.2 Data regarding level of fully identifiable records is not available for 2014-15.

	ADP Support Team is involved in the national meetings for the proposed Drug and Alcohol Integrated System (DAISy). Updates are provided to the HEAT Waiting Times Sub-Group.
Local improvement goal 2015-16	There has been no updated information for this priority, it is proposed to set an improvement goal once this is available.

4.3.1.2 Implementing improvement methodology at local level, including implementation of the *Quality Principles*: *Standard Expectations of Care and Support in Drug and Alcohol Services* and responding to the recommendations outlined in the independent expert group on opioid replacement therapies (ORT)	
Local improvement goal 2014-15	To work with colleagues from NHS Clinical Governance and Quality to establish baseline data relating to the Quality Principles and develop an associated action plan. To develop and implement an ORT action plan by March 2015.
Commentary	A service user survey was developed based on the Quality Principles. Service users were able to feed into the survey. The ORT action plan work was subsumed into the development of our ADP Strategy and supporting Delivery Plan. Our third key strategic aims is to increase recovery opportunities and reduce drug related deaths and our fourth key strategic aim is to further to improve partnerships and governance.
Local improvement goal 2015-16	To develop and implement an action plan in response to the service user survey. To develop and implement tests of change arising from the Drug and Alcohol Improvement Game

4.3.1.3 Ensuring a proactive and planned approach to responding to the needs of prisoners affected by problem drug and alcohol use and their associated through care arrangements. It is expected that ADP's (including Health Board partners) and the Scottish Prison Service will work more closely to ensure a consistent process and sharing of information before, during and after and individual is in custody. A further key priority area for the Scottish Government is effectively supporting women who offend.	
Local improvement goal 2014-15	To be able to provide evidence of improvements to existing processes for prisoners and people in the Criminal Justice System.
Commentary	In June 2014 a multi-agency mapping event was facilitated by the ADP Support Team, Criminal Justice Social Work and Welfare benefits. Based on lean principles the session identified areas for improvement at an operational and strategic level. Some of the operational improvements have been implemented: e.g. the identified voluntary throughcare worker within criminal justice social work liaises with prison and community services in order to co-ordinate access to required services including drug

	and alcohol services, benefits and accommodation. During 2015-16 the Borders Community Justice Group is incorporating identified improvements into the planning to support developments in response to the Community Justice Bill. The Women's Group has developed into the Reconnect Service which is currently led by Criminal Justice Social Work. Addaction is providing support to this including the Thrive and Survive programme. ABI's take place in Criminal Justice Social Work at Court Report stage.
Local improvement goal 2015-16	Develop baseline information for Community Justice Bill priorities and contribute to the work of the Borders Community Justice Group.

4.3.1.4 Compliance with the Alcohol Brief Interventions (ABIs) Local Delivery Plan Standard	
Local improvement goal 2014-15	To increase the number of ABI's delivered in wider settings and in antenatal setting
Commentary	ABI's in wider settings have fallen significantly this year. The major area of drop-off is in Police Custody Suites where performance has dropped from 124 in 2013-14 to 41 in 2014-15. A review of the process in the suites resulted in an update to paperwork and briefing session from our new alcohol and drugs services and the Naloxone Co-ordinator. There have been 42 ABI's performed over April – May 2015 in Custody Suites. The numbers of ABI's in ante-natal services has reduced, however, a small working group comprising Midwifery colleagues and ADP Support Team staff have worked to improve performance. In October 2014 a Specialist Midwife from another Board area and a local Paediatrician provided briefing session for the Community Midwifery Peer Group on Foetal Alcohol Spectrum Disorder and experience of ABI's in Ayrshire and Arrran (A&A). This session identified a training need in having conversations relating to alcohol and subsequently ABI training was provided by A&A to all midwives. This coincided with a simplification of the recording process and update of support materials. Due to other training and staffing considerations this training did not take place until February 2015. There have been 10 ABI's performed over April – May 2015 in ante-natal settings which is very positive. The roll-out across social work settings has been again been delayed for a variety of reasons. There appears to be a discrepancy between the numbers individually reported by staff and the numbers being

	recorded on the Social Work system. Roll-out to Adult Health and Social Care is linked to review of the Social Work Assessment documentation which is still under development. Staff in the Transitions Team and Integrated Children's Services have been trained but have recorded minimal ABI's. Performance at April- May 2015 is similar to this stage in 2014.			
Setting	**ABI's delivered 2013-14**	**ABI's delivered 2014-15**	**Target 2014-15**	**Target 2015-16**
Wider Settings	183	113	**232**	**232**
Antenatal	8	0	**20**	**80**

4.3.1.5 Increasing the reach and coverage of the national naloxone programme			
Local improvement goal 2014-15	To issue 45 first time Take Home Naloxone (THN) kits by March 2015		
Commentary	During 2014-15 192 THN kits were issued, of these 46 were first time supplies which means that Borders has reached 39% of our estimated population of problem drug users. 58 of the 146 kits which were resupplied were used in an emergency (overdose) situation. The cohort of individuals who have yet to receive a first kit is diminishing due to the success in distribution, however, we have set an improvement goal to reach 50% of our estimated population of drug users by 2014-15. During 2014-15 Patient Group Direction (PGDs) were agreed with NHS Borders to allow for training and first supply of THN from Addaction and Pharmacies who are injecting equipment providers (IEP). Supply from IEP's enables us to reach clients out with treatment services.		
	2013-14	2014-15	Target 2014-15
Number of first time kits	36	46	45

4.3.1.6 Tackle drug related death(DRD)/risks in your local ADP	
Local improvement goal 2014-15	n/a (previously part of 4.3.1.5)
Commentary	Briefing information on risk factors associated with Drug Related Deaths (DRD) was provided in the five CAPSM briefings mentioned above and also in a training session with GP colleagues. An Annual Report was produced relating to DRD's and presented to the Critical Services Oversight Group and the ADP. Based on recommendations from the report an Information Sharing Protocol between NHS Borders Addictions Service and Scottish Ambulance Service has been completed. The Non-fatal Overdose Policy in NHS Borders is in the process of being updated.
Local improvement goal 2015-16	Implement actions from the reducing DRD model in ADP Strategy

4.3.1.7 Improving identification of and preventative activities focused on new psychoactive substances (NPS).	
Local improvement goal 2014-15	To increase local understanding and prevention of harm related to NPS. Process Measures: positive evaluation of training events, number of responses to national information requests relating to NPS.
Commentary	Five NPS training events were scheduled during the year and reached 75 individuals. This included a dedicated session for staff and foster carers of looked after and accommodated children and a session timed to allow teaching staff to attend. These sessions were positively evaluated. The local Drug Trend Monitoring Group (DTMG) continues to meet and membership has expanded over the year. As well as key local stakeholders the DTMG includes membership from Crew, Scottish Drugs Forum, Police Scotland Statement of Opinion (STOP) unit and colleagues from Dumfries and Galloway to share regional and local intelligence. Members of the DTMG were briefed on the new NPS Bill and this will also be included in NPS training in 2015-16 and the Understanding Trends and Prevalence session delivered in partnership with alcohol and drugs services. The spreadsheet in the Emergency Department in Borders General Hospital remains in place to monitor the rate of attendances where NPS has been reported by individuals who are not admitted to

	the wards. The ADP Co-ordinator was interviewed for local television following the Parliamentary Debate and was able to provide accurate key messages relating to NPS's. The subject of NPS continues to provoke a lot of interest locally and we have scheduled four NPS training sessions for 2015-16. Only one information request has been received regarding NPS during 2015-16. A response was submitted to this request.
Local improvement goal 2015-16	To increase local awareness of NPS Process measures: Deliver and evaluate 4 NPS training session

4.3.1.8 Increasing compliance with the Scottish Drugs Misuse Database (SDMD) including SMR25(a) and SMR 25(b)	
Commentary	The Compliance Report from ISD shows that there is a 29% decrease in SMR25 (a) submissions in 2014-15 compared with 2013-14. This drop is likely accounted for in part by the reduction in numbers of drug clients starting treatment however there also appears to be a drop in completion rates. The ADP has welcomed the performance reporting from ISD relating to SMR compliance and is working with services to improve performance. A local performance meeting will be implemented with managers and ADP representatives to help drive improvement in this area. We set a local improvement goal for 2014-15 to increase percentage of individuals who are on SDMD to 95% by March 2014 however the report on the percentage of individuals who have completed an assessment on DATWTD and had an SMR25a is not available.
Local improvement goal 2015-16	To increase compliance for SMR25(a) to 100% by March 2016.

4.3.2 Ministerial Priorities - new

4.3.2.1 Preparation of local system to comply with the new Drug and Alcohol Information System (DAISy) by developing and adopting an Information Sharing Protocol (ISP) for all local services involved in the treatment of alcohol and drug clients	
Commentary	Borders Addiction Service and Addaction have developed a draft Information Sharing Protocol and supporting documents as part of their programme to implement integrated working.
Local improvement goal 2015-16	To finalise current draft ISP and monitor any issues arising and ensure compatibility with proposed national ISD template once issued.

4.3.2.2 Ongoing implementation of a Whole Population Approach for alcohol, recognising harder to reach groups and supporting a focus on communities where deprivation is greatest	
Commentary	Borders ADP is committed to a whole population approach and will continue to be an active member of the Local Licensing Forum. ADP Support Team has also provided support to the Implementation Steering Group for Best Bar None scheme 2015. Within the Scottish Borders there are 5 areas (datazones) that were within the 15% most deprived in all of Scotland; these areas are located in Burnfoot in Hawick and Langlee in Galashiels. During 2015-16 the ADP will deploy an Alcohol Development Officer in Langlee area to seek community views and support community capacity to address alcohol issues. A partnership group is leading on this work and learning will be rolled out to other areas.
Local improvement goal 2015-16	To increase the number of A/E ABI's performed in A/E and antenatal settings To increase the reach of the Dry January campaign via Small Change Big Difference To ensure feedback from the Langlee project is heard at CPP level and within the Licensing Board.

4.3.2.3 ADP engagement in improvements to reduce alcohol-related deaths	
Commentary	Alcohol related deaths will be reduced through reduction in people experiencing problematic use and suitable response to those with problems. As outlined above our Whole Population Approach including Licensing and ABI's will support a reduction in deaths. In addition we have positive partnerships with Safer Communities regarding drink driving and Fire and Rescue campaigns. While we collect and review data relating to A/E alcohol related attendances this does not necessarily related to alcohol deaths given that the toxic effects of alcohol rarely cause deaths, accidents relating to intoxication, for example through fires or road traffic accidents are avoidable. We will build on existing links with Safer Communities colleagues with whom, for example, we have worked in partnership to increase alcohol awareness with Fire and Rescue colleagues and fire safety knowledge with alcohol and drugs services. The ADP has previously decided not to instigate a similar process for alcohol related deaths as that in existence for drug related deaths, however, during 2015-16 we will work with partners to identify current routes for potential interventions for those at risk. We have made a positive link with Scottish Government Economic Advisor to support this work.
Local improvement goal 2015-16	To improve understanding of individuals at risk of alcohol related deaths and potential interventions to reduce the number of deaths.

5. ADP feedback on Annual Report Process

The self assessment questions remain useful as will serve as a regular focus for ensuring strong performance for the ADP.
Prior to submission to Scottish Government the draft Annual Report is required to progress through local accountability channels. It would be useful to receive Guidance at the earliest opportunity in the financial year.

Appendix 1: Core Indicators description

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

Pupils age 15 being offered drugs	Percentage of 15 year old pupils who have ever been offered drugs
Drug misuse in neighbourhoods	Percentage of people perceiving drug misuse or dealing to be very or fairly common in their neighbourhood.
Perceptions of rowdy behaviour in neighbourhoods	Percentage of people perceiving rowdy behaviour to be very or fairly common in their neighbourhood.
Licenses in force	Number and Rate per 10,000 population aged 18+ of premise (and occasional) licenses in force (on-trade, off-trade and both).
Applications for licenses	Number (n) and rate (r) per 10,000 population aged 18+ of personal licence applications and percentage refused.
Alcohol brief interventions	Number of alcohol brief interventions delivered in accordance to HEAT standard.
Treatment Waiting Times	Percentage of clients waiting more than 3 weeks between referral and commencement of treatment for alcohol (A) and drugs (D).