Scottish Borders ADP Annual Report 2013/14

PARTNERSHIP DETAILS

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The content of this template has been agreed as accurate by the Alcohol and Drug Partnership, and has been shared with our Community Planning Partnership.

ADP Chair

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1. ADP Self-Assessment: 1 April 2013 – 31 March 2014

The information below is a self-assessment of ADP performance for 2013/14 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**	No action is yet underway
		A	Action is underway but is not yet completed
		G	Action is completed
	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 substance misusers in your area. Please also include here any local research that you have commissioned.**	G	Work this year has continued to concentrate on the ADP Investment Review. The Action Plan has been implemented and a report with recommendations was presented to the ADP in April 2013. The recommendations in the April paper were further consulted on via themed focus groups, attendance at key meetings, service manager meetings and a survey monkey questionnaire. The findings from these consultation methods informed development of a Future Model paper which was approved at ADP in August 2014. Work then started on procurement to commence services in 2014-15. A local Alcohol Profile was produced on behalf of the Local Licensing Forum in February 2012. Information has been gathered for 2013-14 and an updated version will be produced by September 2014.
2	**An outcomes based ADP Joint Performance Framework is in place that reflects the ADP National Outcomes.**	G	The ADP performance framework is outlined in the ADP Delivery plan 2012/15 and is aligned to National Outcomes. Baseline data, where available, indicators and targets are identified within delivery plan.
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 being agreed and built into the budget for procuring services to support the Future Model. Positive dialogue between NHS Borders and the ADP has 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.

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.**	A	The 'Future Model' for a Recovery Oriented System of Care (ROSC) was approved by the ADP in August 2013. This informed development of specifications to allow procurement of new services to support the model. The ADP has also agreed new recurrent funding for the following posts: - Substance Misuse Pharmacist to support the Take Home Naloxone programme, prescribing within the NHS Addictions Service and Injecting Equipment Provision. - Clinical Associate in Applied Psychology to build capacity of Treatment Services to deliver Structured Psychosocial Interventions through Provision of training and supervision groups and deliver evidence-based psychological therapies. These posts and new services are required to report on outcomes. Both the NHS and Third Sector treatment service are required to deliver Alcohol Brief Interventions and NHS will provide training in NHS and wider settings. The new Children and Families Service will provide support to Children Affected by Parental Substance Misuse (CAPSM) using a families approach. They will also provide CPD for teaching staff to deliver substance misuse education and will participate in prevention initiatives such as Crucial Crew which is a multi-agency event for Primary 7's co-ordinated by Safer Communities.

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	Theme	**R A G**	**Evidence**
5	**We have a shared vision and joint strategic objectives which is aligned with our local partnerships** e.g. child protection committees, violence against women, community safety etc.	G	Our ADP Strategy 2012-15 was developed in partnership. There is ADP representation across relevant groups. Due to the relatively small staff teams individuals are often represented across several groups. Violence Against Women Partnership: 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. Child Protection Committee: ADP Support Team represented on both the Training and Practice Development Sub-groups. Safer Communities Team: Safer Communities manager is an active member of the ADP. ADP Support Team represented on Alcohol and Drugs Tasking and Co-ordinating Group. Children and Young People's Planning Partnership (CYPPP): CYPPP Chair is an active member of the ADP. ADP Support Team represented on CYPPP and ADP objectives reflected in Children's Services plan (local children and young people strategic partnership arrangements are revised for 2014-15)
6	**Our strategic commissioning work is clearly linked to Community Planning priorities and processes.** Please include information on your	A	The ADP has contributed to the development of the SOA and also the CPP Early Intervention and Prevention Theme Group (now Reducing Inequalities Theme Group). Our Commissioning Strategy is available via www.badp.scot.nhs.uk

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	formal relationship to your local child protection committee B What is the formal arrangement within your ADP for reporting on your Annual Reports/Delivery Plan/shared documents through your local accountability route.		Child Protection Committee: ADP Support Team 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 and are currently planning joint Getting Our Priorities Right/CAPSM training. Quarterly reports are submitted to the CHCP Planning and Delivery Committee. Our Annual Report was shared in September 2013. The Annual Report was also presented to the local authority Social Work and Housing, and Education Committees.
7	**Service Users and carers are embedded within the partnership commissioning processes.**	A	We have commissioned a Service User Involvement Service. This commenced in April 2014 and the service is currently establishing relationships with services and Service Users.
8	**A person centered recovery focus has been incorporated into our approach to strategic commissioning.** **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 eg. Outcome STAR. Other** • **Individual recovery care plan and review** **Involved mutual aid and recovery communities** Please include your outcomes for all individuals within your alcohol and	A	During 2012-13 data collection and consultation commenced relating to the ADP Investment Review. The NTA Skills[1] and Essential Care[2] document were used as proxy frameworks to assess our current system and develop a new ROSC. This work resulted in approval of a Future Model paper presented to ADP in August 2014. Based on this model tender documents were developed for three new services: • Third Sector Alcohol and Drug Treatment and Re-integration Service • Children and Families Service (C&FS) providing support to CAPSM, parents to address parenting concerns and children and young people with own alcohol and drugs use • Service User Involvement Service In addition it was agreed to develop a Service Level Agreement (SLA) with the NHS Addictions service. NHS Addictions Service and Third Sector Alcohol and Drug service are contracted to deliver Recovery Outcomes based on the domains within the Drug and Alcohol Outcome Star. Services have been trained in its use. Adult services are required to have regular reviews (at least 3 monthly) and for recovery plans to be shared with Service Users. Adult services are required to make appropriate links with mutual aid organisations. The Third Sector service will promote in-house mutual aid groups and support visible recovery. It was agreed to commit recurring funding to enable Service Users to access Advocacy

[1] http://www.skillsconsortium.org.uk/uploads/skills-diagram-updated.pdf

[2] Essential Care: A Report on the Approach Required to Maximise Opportunity for Recovery from Problem Substance Use in Scotland, Scottish Government, 2009, http://www.scotland.gov.uk/Publications/2008/03/20144059/11

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	drug treatment system for 2013/14 if available		support, this will be provided through a joint commission with NHS and SBC which is currently being procured. The C&FS is required to develop a Recovery Plan based on the Assessment and shall be developed in partnership with the child or young person and parent and shared as age appropriate. Reviews are required in line with assessed risk and good practice. During 2013-14 non-recurring funds were provided to support employability work, this work will be absorbed into the Re-integration service. Outcomes are provided in Appendix 1
9	**All relevant statutory requirements regarding Equality Impact assessments have been addressed during compilation of our ADP Strategy and Delivery Plan**	G	ADP Strategy, Delivery Plan and Future Model paper were Equality Impact Assessed.

DELIVER

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 population.**	G	A Workforce Development Project was undertaken by STRADA and a report provided in December 2013. This involved: four Focus Groups for different staff groupings, a questionnaire for universal services and review of Job Descriptions and Training Records for relevant staff. A steering group has been established to implement the 29 recommendations arising from the report and a local action plan has been developed. Delivery on actions commenced from May 2014 following initiation of new services. Services are required to report on training attended by staff and supervision. ADP Support Team is managed within NHS systems re: Performance Review Processes, Personal Develop Plans and supervision arrangements.
	A transparent performance management framework is in place for all ADP Partner organisations who receive funding through the ADP, including statutory provision.	G	ADP funding arrangements required performance reporting on a six monthly basis for both the third sector and statutory provision during 2013-14. The Third Sector contracts and NHS SLA for 2014-15 will be monitored quarterly. A pro-forma spreadsheet has been developed for each service which will ensure consistent monitoring. The data reported will be used to inform a dashboard for the ADP and the ADP Executive Group. This will be reported on a quarterly basis.

REVIEW

12	**ADP Delivery Plan is reviewed on a regular basis.**	A	Delivery plan is formally reviewed annually. Going forward ADP will receive quarterly dashboard reports for services for 2014-15 and thereafter at least 6 monthly.
13	**Outcomes focussed contract monitoring arrangements are in place for all commissioned services which incorporates recommendation 6 from the Delivering Recovery Report**	G	ADP contracts are monitored jointly with officers from partnership agencies. Children and families contract monitoring visits are reported via Children and Young People's Planning Partnership. Due to the Investment Review feedback on services to the Executive Group has been more regular. As per number 11 we have built robust monitoring into contracts from 2014. 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 using 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
14	**A schedule for service monitoring and review is in place, which includes statutory provision.**	G	In 2012-13 we identified this as an area for improvement. As per number 13 the ADP Executive Group has received regular updates as part of the Investment Review. A 'Reflections on Services' report was developed to benchmark service and allow informed comparison as the new model develops. A report on DNA and barriers to treatment was presented to the ADP Executive Group. This focussed on the NHS Addictions Service but included data from Third Sector Service During 2014-15 all support services will be monitored quarterly. The Service User Involvement Service will be formally monitored six monthly but the ADP Strategic Co-ordinator has more regular informal updates.
15	**Service Users and their families play a central role in evaluating the impact of our statutory and third sector services.**	A	Service Users from adult services were involved in the consultation on development of the Investment Review report and its recommendations. As part of the Investment Review a Service User Involvement Service commenced in March 2014 which aims to develop and maintain Service User involvement with ADP processes. All services have engaged positively with this provider. During 2013-14 the NHS Addictions service continued their efforts to re-establish a Service User group, however, despite dedicated work the numbers engaging are small. We expect that the Service User involvement service, although intended to support involvement in ADP, will, by default, support broader engagement. The NHS Addictions Service performed an audit seeking views on the Primary Care Facilitation service. This service provides community based detoxification. During 2013-14 Addaction involved Service Users in work to support the Early Years Collaborative, in particular relating to health and nutrition. Service Users were also involved in

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			reviewing the MAP (Mutual Aid Partnership) Groups and planning for their successful re-launch. Service Users are asked to feedback on their experience of the service via individuals reviews. The existing newsletter group may potentially take on a more user involvement focus.
16	**A There is a robust quality assurance system in place which governs the ADP and evidences the quality, effectiveness and efficiency of services.** **See note 9** **B. Describe the progress your ADP has made in taking forward the recommendations from the Independent Expert Review of Opioid Replacement Therapies in Scotland**	A	Regular monitoring of services and development of Service User involvement (as above) will support quality assurance. During 2013-14 we will use improvement methodology to implement the new Quality Principles. Review of Opioid Replacement Therapies Recommendation: Consideration should be given to the development of mechanisms bringing closer the delivery of approaches to address health inequalities and problem substance use: - Our local CPP Reducing Inequalities Theme Group is progressing an Inequalities Strategy. It is anticipated this will include consideration of inequalities relating to substance misuse. Recommendation: Primary care services – specifically General Practitioners and Community Pharmacists – are essential elements of the delivery system and should be delivered to national standards - Currently there are low levels of GP prescribing of ORT in Borders, however, our local NHS Borders Addiction Service has developed an innovative solution to providing support to clients. In partnership with pharmacy and third sector colleagues monthly PASS (Prescribing Advice and Support Service) provide regular monitoring of prescribing and recovery goals. This model is well received by Primary Care colleagues and they report this allows them to address wider health and social issues, in particular around the family. Over the last year the NHS Borders Addictions Service (BAS) has introduced Nurse Prescribers (currently 3 with 2 in training). In addition there is an Independent Prescriber in Pharmacy. Recommendation: Opioid replacement is an essential treatment with a strong evidence base. Its use remains a central component of the treatment for opiate dependency and it should be retained in Scottish services - ORT is delivered locally within a recovery plan which is developed in partnership with the Service User, within pharmacies clients should have a Pharmaceutical Care Record and Plan shared with the NHS addictions service. We are reviewing our local guidelines including providing supervised consumption to the majority. Our updated guidance will reflect the recommendation in the Drug Misuse and Dependence guidelines on clinical management to review the need for supervision at 3 months and incorporate any updated guidance following its review. We are formulating a local response to the current consultation about the review of the guidelines. The ADP has provided funding for dedicated time within Pharmacy to support Naloxone delivery

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			in the community and work around monitoring prescribing in BAS. This pharmacist has recently been invited to join the Drug Related Deaths Review Group. The NHS Addictions Service is readily able to provide data on use of ORT. Recommendation: Recovery orientated systems of care (ROSCs) are well described in many guidance documents. All local systems should immediately publish prioritised SMART plans to ensure they can demonstrate a process towards delivery of ROSCs - We have reported within this template the work that has gone to ensure we are progressing towards delivering a ROSC. We are working on delivering our local Action Plan associated with our STRADA Workforce Development Project findings and have identified the Essential Care services which are available to clients and Recommendation: Within the medical and other caring professions, it is everyone's responsibility to manage drug users and their problems which extend into every clinical speciality. All practitioners can effect change and have opportunities to address drug-related problems within their professional arena. Local systems should have plans in place to ensure substance users are not excluded from generic services. - We have reported within this template the work that has gone to ensure we are progressing towards delivering a ROSC. We are working on delivering our local Action Plan associated with our STRADA Workforce Development Project findings. - We expect that the Service Users involvement service will help to progress this recommendation which will also be supported by the workforce Action Plan. Improvements have been made this year to the information available to GP's via the RefHelp tool. Our Substance Misuse seminar in May 2014 is seen as the first step in increasing engagement of generic services in the recovery.

2. Financial Framework Drug and Alcohol Expenditure 2013/14

Ring Fenced Drug & Alcohol Allocation	ADP	Social Work	CYPPP	Other SBC [1]	NHS	Police
Alcohol	£1,039,066					
Drugs	£309,579					
Total Budget	**£1,348,645**					
Drug and Alcohol Expenditure 2013/14						
Prevention						
Safer communities - Drug and alcohol awareness officer, Police Licensing Officers, Responsible Drinking Campaign						£112,558
Face to Face	£40,315		£38,252			
Primary Care - Local Enhanced Service	£46,530					
Primary Care - Blue Bay Licence (ABIs)	£3,960					
Social Work - planning post	£10,300	£11,366				
Penumbra		£29,701				
Treatment, Support & Recovery						
Addaction	£180,922	£19,222				
Addaction Family	£79,167		£38,408			
Big River	£107,639	£60,764		£2,000	£10,000	
NHS Borders BAS including Prescribing	£562,185				£254,379	
Dispensing & supervision of opiate substitute prescription					£186,612	
Community Support Workers/Community care assessor		£9,790				
Residential Rehabilitation		£50,707				
ARBD clients in Residential Care		£58,700				
OTHER						
NHS Borders Corporate Support	£81,104					
ADP Support Team - Pays & Supplies	£115,688					
Scottish Drugs Forum - Voluntary Representation	£10,000					
Star Outcomes	£1,602					
Total Expenditure	**£1,239,412**	**£240,250**	**£76,660**	**£2,000**	**£450,991**	**£112,558**

2.1 End Year Balance for Scottish Government earmarked allocations

The following table relates to recurring **and non-recurring budget** and expenditure. Please note that the end of year balance relates to ADP funding only.

	Budget £	Actual £	Year End Balance £
Drug	**366,145**		
Alcohol	**1,228,438**		
Total	**1,594,583**	**1,455,557**	**139,026**

2.2 Total underspend from all sources 13-14

The main element of the under spend in 2013-14 is the further reduction of the Corporate Support Charge which has been carried forward into 2014-15 and has been earmarked for some of the projects / areas listed below.

2.3 Available non-recurring funding

These areas have been agreed from non-recurring funding available in 2014/15 only, predominantly funded from the 2013-14 under spend carried forward.

Underspend £	Proposals for future use
26,847	New Service start up costs
80,579	Extension of current non-recurring projects
2,500	ROSC event
10,500	Training

2.4 Support in kind

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

Provider	Description
Alcohol Focus Scotland	Support with Local Licensing Forum Alcohol Profile, National Policy Support. Involvement in Licensing Conference.
Crew2000	Support to Drugs Trend Monitoring Group
Health Scotland	Support regarding ABI delivery
NHS Borders	Leadership and Influencing, Representation on Partnership and Sub-groups, Communications Department.
Police Scotland	Leadership and Influencing, Representation on Partnership and Sub-groups, ABI's in Custody Suites.
Scottish Borders Council	Leadership and Influencing, Commissioning and Procurement Team, representation on Partnership and Sub-groups, Communications Department, Estates and Facilities, Criminal Justice Social Work performing ABI's, Legal and Democratic Services, Business Consultant.
Scottish Drugs Forum	Support to deliver Service User Involvement, National Policy Support. Representation on Drug Trend Monitoring Group
Scottish Government	Leadership and Influencing, Support with Investment Review process. ADP Chairs events, Support with development of NHS SLA
STRADA	Support with Workforce Development Project, local delivery of training

3. Core Outcomes, Core Indicators and Local Indicators 2013/14

The following section includes activities, local improvement goals/targets and indicators towards the national ADP Core outcomes. 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'[3] which consists of seven similar local authority areas. These areas are: Moray, Stirling, East Lothian, Angus, Highland, Argyll and Bute and Midlothian. Data is available at ADP level on the ScotPHO website.[4] Midlothian and East Lothian are a joint ADP therefore performance against 'family' ADP's is from 1-7 where 1 is highest performing and 7 the lowest performing area.

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		
Benchmarking			
	Significantly 'better' than National average		Significantly 'worse' than National average
	Not significantly 'different' than National average		No significance can be calculated

[3] 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
[4] Available at: http://www.scotpho.org.uk/

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: There has been no updated national data in this section since our last annual report. Key points to note are:

- The prevalence of problem drug users was below Scottish average and we await updated data.
- School pupils reporting drug declined in Scotland and Borders between 2006 and 2010.
- 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.

The Substance Misuse Education project faced significant delays in 2012-13 and 2013-14 for a number of reasons. A priority in 2014-15 is to support Education colleagues to roll-out the developed model of best practice.

Indicators	Baseline 2011/12	2013/14	Local Improvement Goal/Target 2014/15	RAG	Bench marking against Scotland	Position in Rank Chart (1 best -7 worst)*
Prevalence of problem drug users	0.8%	Not available	Await updated data			2
Drug use last month (pupils age 15)	6% (2010)	Available November 14	Await updated data			1
Drug use last year (pupils age 15)	11% (2010)					1
Weekly drinkers (pupils age 15)	17% (2010)					2
Above limit drinkers	43% (2008 – 2011)	Next full board breakdown 2012-15	Await updated data		Not available	Not available
Binge drinkers	19% (2008 – 2011)					
'Problem' drinkers	9% (2008 – 2011)					
Recommendations on future delivery of Substance Misuse Education and roll out across Scottish Borders to be made by end June 2013.	N/A	Pilot completed.	All schools have adopted revised SME education programmes			

Percentage of schools receiving educational input from Police Scotland	97%	100%	100% (of schools who have P6s/P7s)		
Number of pupils who received input delivered by face2face across all year groups within 9 secondary schools	1500	3119	1800		
Number of referrals to specialist services by Police Scotland (Face2face,Social Work)	80 (2 year average 2010/11 – 2011/12)	87 (2 year average 2012/13 - 2013/14)	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% (12 – 13)	58%	50%		
Number of individuals and employers who access Workplace Health Services for advice and support on substance misuse issues	6 employers and 8 staff	24 employers and 6 staff	Not applicable		

Key actions delivered to support this outcome in 2013/14

- SME Pilot completed with strategic agreement for ongoing work to be led by Education over next 2-3 years. CPD to be provided to teaching staff by Children & Family Service.
- Increased awareness, and monitoring on NPS via Drug Trend Monitoring Group.
- Support to businesses in development of substance misuse policies and training. 9 inputs were delivered to 121 members of staff.
- Support to review of NHS Borders Workplace Alcohol Policy.
- Alcohol Brief Interventions (ABI) extended to Antisocial Behaviour Unit and Penumbra Youth Project. Agreement in place to roll out to other Social Work settings.
- Alcohol Brief Intervention Standard achieved in line with HEAT Standard guidance.

*Position in Rank refers to Borders ADP ranking against the other local authority areas represented in the benchmarking family as described on page 14.

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

Summary commentary: Borders rate of drug related hospital admissions has started to decrease compared to an increase over previous years and is below the Scottish Average. The rate of alcohol related admissions is decreasing and below the Scottish Average. Alcohol-related mortality has increased but remains below Scottish average. We are ranked fifth in the benchmarking family group for both drug and alcohol related discharges. For drug related discharges we are significantly worse than one authority (Moray) whereas for alcohol related discharges we appear significantly worse than three authorities (Moray, Stirling and Angus). We are currently working with NHS Performance and Planning colleagues to interpret this data.

There has been an improvement in prevalence of hepatitis C among injecting drug users which is significantly below Scottish average.

Over a third of estimated problem drug users have accessed Take Home Naloxone kits (THN), well above the Scottish Government target of 15%.

This is the first year we have been required to report on the number of individuals who are prescribed Opioid Replacement Therapy (ORT). The number of individuals on ORT has increased each year since 2011. Over the reporting years there has been a broadly corresponding increase in the number of active clients in the NHS Addictions Service. There has not been a corresponding increase in referrals. It is possible that this increase in people receiving ORT reflects increased access to specialist prescribing through the increased number of non medical prescribers increasing the capacity within the service.

Indicators	Baseline 2011/12	2013/14	Local Improvement Goal/Target 2014/15	RAG	Bench marking against Scotland	Position in Rank Chart (1 best -7 worst)*
Drug-related hospital discharges	91 Rate: 101	71 (12/13) Rate: 77	Reduce	⇧	●	5
Alcohol-related hospital discharges	696 Rate: 626	615 (12/13) Rate: 553	Reduce rate to 544 by 2014	▲	●	5
Alcohol-related mortality	12.78 (2011)	15.68 (2012)	Reduce	⇩	○	3
Drug-related mortality	8.7 (2011 calendar year)	6.3 (2012)	Reduce	⇧	○	2

Cumulative total of first supply of THN and as % of Problem Drug Users	147 (25%)	227 (39%)	272 (47%)		
Percentage of injecting drug users testing positive to Hepatitis C antibody	15% (2010)	Not available	Not updated since 2010		
Number of individuals on Opioid Replacement Therapy	145 (Jan 2011)	224 (13/14)	No target set, ADP to monitor		

Key actions delivered to support this outcome in 2013/14

- Future Model of alcohol and drug services procured with Service Level agreements drafted based on Recovery Orientated System of Care frameworks and Essential Care
- Continued provision of Take Home Naloxone Kits.
- STRADA commissioned to report on Workforce Development needs in align with ROSC. Steering group set up to implement 29 recommendations, the first of which is the local Substance Misuse Conference, May 2014
- Annual drug related death (DRD) report completed and reported to ADP and Critical Services Oversight Group. Risk factors for drug related deaths highlighted to GP's via newsletter and RefHelp (GP information system).
- Multi-agency BBV Mapping Session based on lean methodology to improve patient pathway facilitated in February 2014

*Position in Rank refers to Borders ADP ranking against the other local authority areas represented in the benchmarking family as described on page 14.

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 remain unavailable. The Star outcome tool is used in adult substance misuse services and a young people's services use in-house tools. Further recovery outcome data is available in Appendix 1.

During 2013 it was recognised that there was a drop in the percentage of routine enquiry being recorded in one service. This has been addressed through refresher training and internal management processes.

Indicators	Baseline 2011/12	2013/14	Local Improvement Goal/Target 2014/15	RAG	Bench marking against Scotland	Position in Rank Chart (1 best -7 worst)*
Average % of those engaging with face2face who reduced or stopped substance use.	60%	86%	65%			
Percentage of women accessing specialist drug/alcohol services who have received routine enquiry for domestic abuse.	92% (Addaction only)	58% (Addaction only)	92%			
Development and delivery of a programme of training and ongoing support/supervision to support clients presenting with co-morbid mental health problems.	N/A	Training delivered and evaluated	Staff training delivered by December 2013 Ongoing supervision provided to trainees.			
Delivery of 12 x 2 hour monthly MI supervision group sessions.	N/A	Supervision groups ongoing.	Completed			

Key actions delivered to support this outcome in 2013/14

- Training to support clients presenting with co-morbid mental health problems completed with increased confidence in delivering low intensity interventions reported. Ongoing support/supervision available to staff.
- Motivational Interviewing (MI) supervision groups ongoing. Improved proficiency in MI skills reported post training and further improvements via group work.
- STAR outcome tool implemented in all adult services.
- Review of Protocol to support routine enquiry of clients in all adult commissioned services and NHS BAS for domestic abuse and childhood sexual abuse completed with training provided to relevant staff to address drop in performance. New data collection process developed with NHS service.
- Service user involvement service procured

*Position in Rank refers to Borders ADP ranking against the other local authority areas represented in the benchmarking family as described on page 14.

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: While the rate of maternities with drug use is significantly better than the Scottish average, our family ranking is fourth. However, our local rate is not significantly worse than any of the other areas. Although comparison data is available for the rate of child protection cases where parental alcohol/drug misuse is identified and we rank as first in the benchmarking family group, it is challenging to interpret this data as high numbers could potentially be interpreted as a result of earlier identification.

Our children and young people's services monitored positive outcomes for this year.

Indicators	Baseline 2011/12	2013/14	Local Improvement Goal/Target 2014/15	RAG	Bench marking against Scotland	Position in Rank Chart (1 best -7 worst)*
Maternities with drug use	9.2 (09 – 12)	Update due Aug 14	Await updated data			4
Child protection with parental alcohol/drug misuse	N/A	2.3% (2013)	ADP to monitor			1
Number of families participating in 'Strengthening Families programme' with face2face	10	9	n/a			
Evaluation completed for 'Strengthening Families Programme' with face2face	8	9	n/a			
Number of parents receiving support by face2face	20	31	n/a			
Number of children where parental substance misuse is identified as an area of concern (Action for Children, Young Carers Service)	13	18	ADP to monitor			
Numbers engaging with Addaction Family Service	71	93	77 (now n/a as service transferred).			
% of individuals referred who actively engage with Action For Children (Young Carers Service)	94%	100%	94%			

% of young carers who demonstrate improved emotional wellbeing outcomes (Action for Children)	25%	44.4%	35%		
% of young carers who identify as socially isolated who have improved participation in age appropriate activities and engagement with universal services (Action For Children)	19%	29%	25%		

Key actions delivered to support this outcome in 2013/14

- Addaction Family Support Service provided delivery of support to families to improve parenting and reduce impact on children.
- Action for Children provided delivery of support to young carers impacted by parental substance misuse
- Once cycle of Strengthening Families Programme 10-14 delivered which provided 1-1 Parent Support – (face2face)
- CAPSM guidelines - these were updated by a multi-disciplinary group in anticipation of the introduction of the GIRFEC named person role

*Position in Rank refers to Borders ADP ranking against the other local authority areas represented in the benchmarking family as described on page 14.

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

Summary Commentary: While the proportion of new patients/clients who report funding their drugs through crime is below Scottish average, Borders rate is increasing.

'Alcohol related' offences recorded by Police Scotland show rates for Serious Assault, Common Assault and Vandalism in Borders continue to be below Scottish average. Rates for Breach of the Peace are above Scottish average but have reduced from baseline and will hopefully continue in this manner to bring us more in line with national rates.

The percentage of test purchasing visits to Licensed Premises passed has decreased and is below the aspirational target of 100%. However, actual numbers are very low; in 2013-14, there were 8 test purchase visits of which 1 failed. All premises passed on re-testing.

Indicators	Baseline 2011/12	2013/14	Local Improvement Goal/Target 2014/15	RAG	Bench marking against Scotland	Position in Rank Chart (1 best -7 worst)*
Drug use funded by crime	16.5%	17%	ADP to monitor			
Rate of Antisocial Behaviour Orders per 10,000 population:						
Serious assault	Not avail.	3.3	Await updated data (Nov 2014)			3
Common assault	57.9	48.8				1
Vandalism	90.5	75.5				2
Breach of peace	64.6	51.4 (12/13)				4

Number of Police drug seizures	342 (3 year average) (2009/10 – 2011/12)	361 (3 year average 2011/12-2013/14)	359 (3 year average 2012 - 15)		
Number of drink and drug driving offences	137 (3 year average) (2009/10) – 2011/12)	119 (3 year average 2011/12 – 2013/14)	130 (3 year average 2012-15)		
Number of Safer Communities Campaigns e.g. Responsible Drinking Campaign, Festive Drink & Drive Campaign	5	7	6		
Percentage of women who complete women offending group work programme with Addaction and Criminal Justice.	72%	33%	Not applicable		
Numbers of Community Payback Orders issues where alcohol and/or drug treatment required and percentage that are successfully completed.	Alcohol CPO Issued:16 Open: 7 Complete: 9 (50%) Drugs CPO Issued: 8 Open: 3 Complete:5 (62.5%)	Alcohol CPO Issued: 8 Open: 6 Complete: 2 (25%) Drugs CPO Issued:3 Open: 3 Complete: 0 (n/a).	Not applicable		
Number of young people who have had alcohol confiscated or found under the influence of alcohol by Police.	343 (2 year average) (2010/11-2011/12)	439 (2 year average 12-14)	360 (2 year average 12-14)		
Percentage of test purchasing visits to Licensed Premises passed	96%	89%	100%		
Number of events targeted with responsible drinking message via Safer Communities Team.	22 (12/13)	24	23		

Key actions delivered to support this outcome in 2013/14
• Continued enforcement of drug and alcohol related legislation by Police Scotland. • 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. • Managing Drug Related Litter Protocol updated to ensure safe collection, disposal and monitoring of discarded sharps and drugs paraphernalia. • Provision of DTTO Services by Criminal Justice Social Work • Alcohol awareness built into local community events such as Borders Union Show to raise awareness of units and alcohol related harm • Criminal Justice Social Work women's offender group moved from closed group to rolling programme.

*Position in Rank refers to Borders ADP ranking against the other local authority areas represented in the benchmarking family as described on page 14.

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 decreased significantly in Borders from 2006-2010. There are no updated figures for this indicator since our last report. Borders are not significantly different to our benchmarking family.

There has been a slight increase in percentage of people in Borders perceiving rowdy behaviour to be very or fairly common in their neighbourhood although this is significantly below the Scottish average. There has been an increase in the percentage of people in Borders spontaneously reporting 'drug misuse or dealing to be very or fairly common in their neighbourhood. During 2012 Lothian and Borders Police implemented Operation Goal, a high profile intelligence driven operation which led to significant numbers of arrests. Operation Goal was supported by local publicity including leafleting of houses in specific areas and media work. It is possible this high profile work increased people's perceptions of drug misuse without any corresponding change in experience.

The rate of alcohol licenses enforced is significantly higher (worse) than compared with Scotland. It is difficult to interpret this data since Borders has a large number of small members' clubs which although licensed and often open for restricted hours. It is not necessarily helpful to compare such licenses to, for example, large city centre pubs with seven day opening. In addition, this indicator does not cover how much alcohol is sold, for example, a small corner shop and a large 24-hour supermarket are both counted as one. We have voiced our hesitancy regarding using this data for benchmarking purposes.

Indicators	Baseline 2011/12	2013/14	Local Improvement Goal/Target 2014/15	RAG	Bench marking against Scotland	Position in Rank Chart (1 best -7 worst)*
15 year olds being offered drugs	40%	Available November 2014	Awaiting updated data			4
Drug misuse in neighbourhoods.	7.2% (09/10)	9% (2012)	Reduce to 7.2% by March 2014			3
Perceptions of rowdy behaviour in neighbourhoods.	6.5% (12/13)	7.8% (12/13)	ADP to monitor			1
Licenses in force.	Both 473 (number)	On-sales: 369	Not applicable.			4

	51.8 (rate) (as at March 2011)	(number) 40.1 (rate) Off-sales: 99(number) 10.8 (rate) Both: 468 (number) 50.9 (rate) (as at 31 March 2012)				
Personal licences	939 (n) 102.8 (r) Nil refused	1,106 (n) 120.3 (r) Nil refused	N/A			3

Key actions delivered to support this outcome in 2013/14

- Data and evidence of impact of alcohol on communities/services collated for review of Alcohol profile to inform Licensing Board.
- ADP Support Team and Police Scotland provided support and data to local authority consultation of Drinking in Public Places Byelaw.
- Presentation and support provided to Local Licensing Forum conference and planning committee by ADP Support Team and Alcohol Focus Scotland
- ADP Support Team continues to support the Local Licensing Forum and any associated projects.

*Position in Rank refers to Borders ADP ranking against the other local authority areas represented in the benchmarking family as described on page 14.

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 over performed on the target number of Alcohol Brief Interventions delivered and also the target for no more than 10% of clients to wait more than three weeks from referral to treatment.

Indicators	Baseline 2011/12	2013/14	Local Improvement Goal/Target 2014/15	RAG	Bench marking against Scotland	Position in Rank Chart (1 best -7 worst)*
Alcohol brief interventions	2727	2454	1247			
Treatment waiting times (% of clients waiting more than three weeks)	13.6% (Drug) 5.4% (Alcohol)	2.5% (Drug) 0.9% (Alcohol)	5% (Drug &Alcohol)			4 (Drug) 2 (Alcohol)
Development of model of service user involvement based on Investment Review	Not applicable.	Completed	N/A			
Workforce training needs identified and programme of training developed.	Not applicable.	Completed	N/A			
Key actions delivered to support this outcome in 2013/14						
• Continued delivery of ABI in priority settings as per HEAT Standard Guidance. Deliver of ABI in wider settings include Criminal Justice Social Work, Antisocial Behaviour Unit, Police Custody area, Penumbra Youth Service. • Continued delivery of Waiting Times Standard. • Model of Service User Involvement completed and Service commission advertised. • STRADA Workforce Development Project completed and Action Plan developed.						

*Position in Rank refers to Borders ADP ranking against the other local authority areas represented in the benchmarking family as described on page 14.

4. ADP & Ministerial Priorities

4.1 ADP Priorities 2013-14

This section provides progress towards the five key commitments for 2013/14. 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.

	ADP Priority	RAG	Evidence
1	To develop Service User Involvement in the structure of the ADP	A	As per the self assessment, Service Users were involved in the development of Investment Review report and consultation on recommendations. A Service User Involvement Service has been commissioned from 1 May 2014. A structure has yet to be agreed as this is being developed with Service Users.
2	To work with stakeholders and partners to develop our vision of a Recovery Oriented System of Care and make preparations for its implementation in May 2014	G	As per the self assessment, the new services to support the Future Model are in place from 1 May 2014. In addition recurrent funding has been allocated to new posts and advocacy support as part of our ROSC development. Our perception is that the Investment Review has raised our profile with partners and supported development of an understanding of recovery.
3	To develop a Workforce Development Plan to support the Recovery Oriented System of Care	G	As per the self assessment, STRADA provided support to undertake local investigation and produce a Workforce Development Report including an Action Plan. They will also support delivery of elements of the plan in 2014-15.
4	To develop a system for robust 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 KPI 'dashboard' for the Executive Group and ADP have been confirmed.
5	To ensure all current services and future developments are Equality Impact Assessed	G	This work is ongoing. New services are in place from May 2014 therefore EQIA's are part of 2014-15 reporting.

4.2 ADP Priorities for 2014-15 based on Self Assessment

The following ADP priorities have been identified for 2014-15 based on the self assessment carried out:

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 Forum 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

4.3 Ministerial Priorities

ADP's were required to progress Ministerial Priorities during 2013-14, an updated set of priorities was issued for 2014-15. These are listed below:

	Priority	2013-14	2014-15
1	Delivering the HEAT standard for drug and alcohol treatment waiting times	✓	
2	Compliance with the Alcohol Brief Interventions (ABIs) HEAT Standard	✓	✓
3	Increasing compliance with the Scottish Drugs Misuse Database (SDMD); HEAT Drug and Alcohol Treatment Waiting Times Standard, including, increasing the level of fully identifiable records submitted to the Drug and Alcohol Treatment Waiting Times Database (DATWTD)	✓	✓
4	Increasing the reach and coverage of the national Naloxone programme by increasing the number of Naloxone kits supplied to people at risk of opiate overdose.	✓	-
4a	Increasing the reach and coverage of the national Naloxone programme and tackling drug related death(DRD)/risks in your local ADP	-	✓
5	Developing local understandings of the prevalence and impact of new psychoactive substances	✓	-
5a	Improving identification of and preventative activities focused on new psychoactive substances (NPS).	-	✓
6	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;	-	✓
7	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	-	✓

This section provides information on the following:

- Update on improvement goals relating to Ministerial Priorities for 2013-14
- Proposed improvement goals and way forward for 2014-15 Ministerial Priorities

Due to the similarity between items 4 and 4a, and 5 and 5a respectively, the reports on these priorities are merged.

1. Compliance with the Alcohol Brief Interventions (ABIs) HEAT Standard (repeated from 2013-14)			
Local improvement goal 2012-13	To increase the number of ABI's delivered in wider settings and in antenatal setting		
Commentary	ABI's in Wider Settings have increased by 18%. Roll-out across social work has been delayed due to challenges in implementing in Criminal Justice Social Work and redesign of Social Work Assessment Paperwork. The new paperwork will include alcohol screening questions and a programme of training is in development for 2014-15 to enable comprehensive roll-out across the service. All pregnant women receive screening for alcohol use and of those who screen positive for an ABI they will receive an intervention. Rates of ante-natal ABI's remain low compared to the Scottish average. A short life group met to look at substance misuse in pregnancy midwifery colleagues have agreed to perform a selected audit of notes in 2014-15 to examine how alcohol questions are asked. A Peer Group session is scheduled for October 2014 which aims to bring learning from other areas to Borders.		
Setting	**ABI's delivered 2012-13**	**ABI's delivered 2013-14**	**Target 2014-15**
Wider Settings	154	183	**232**
Antenatal	17	8	**20**

2. Increasing compliance with the Scottish Drugs Misuse Database (SDMD); HEAT Drug and Alcohol Treatment Waiting Times Standard, including, increasing the level of fully identifiable records submitted to the Drug and Alcohol Treatment Waiting Times Database (DATWTD);	
Local improvement goal 2012-13	To increase percentage of individuals who are on SDMD and also on DAWTD to 95% by March 2014.
Commentary	2.1 SDMD/DATWTD in 2012-13 the percentage of people who are on the SDMD who are also registered on the DAWTD was 80%. 2.2 DATWD in 2012-13 this was reported as 0% anonymous records. Subsequent information from ISD declared this was related to drug clients only and a revised anonymous data figure of 40.7% was issued in June 2014. This variation in the data is due to recording systems within Addaction alcohol service, this service submits anonymous data pending completion of assessment. Whilst the majority

	of clients are not anonymous on completion of assessment it is not possible for this to be differentiated in the reporting from ISD. ISD is aware of this and it is a concern nationally for ADP's who commission Addaction in their area. 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. 2.3 During 2014-15 there is a local target to ensure no more than 5% of clients wait longer than three weeks.
Local improvement goal 2014-15	There has been no updated information for this priority, it is proposed to set an improvement goal once this is available.

3. Increasing the reach and coverage of the national naloxone programme and tackling drug related death(DRD)/risks in your local ADP	
Local improvement goal 2012-13	To issue 87 Take Home Naloxone (THN) kits by March 2014
Commentary	During 2013-14 141 THN kits were issued meaning Borders has now reached approximately 39% of our estimated population of drug users against a target of 15%. Of the 141 kits issued the majority were resupplies due to expired kits however 28 were issued due to being used in an 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 issue a further 45 first time kits in 2014-15. In 2013 information relating to DRD's was circulated to GP's and included on the GPRefHelp web-based information system. An annual report was produced relating to DRD's and presented to the Critical Services Oversight Group and the ADP. During 2014-15 Borders aims to progress enabling resupply of THN via Pharmacy and first time supply via Addaction. NHS Borders is providing support to investigate these areas of development and the ADP has confirmed a recurring budget to support pharmacy supply.

	Neo database system will be installed in Needle Exchanges during 2014-15 which will improve client data and assist in understanding our population of injecting drug users. It will also provide a mechanism to circulate drug alerts and record Naloxone training. A date is set for GP training in August 2014 which will include coverage of DRD. The development of a Drug Deaths Prevention Strategy to ensure co-ordinated responses that cover key issues contributing to premature deaths among problematic drug users.		
	2011-12	2013-14	**Target 2014-15**
Number of first time kits	48	36	**45**

4. Improving identification of and preventative activities focused on new psychoactive substances (NPS).	
Local improvement goal 2012-13	Develop local understandings of the prevalence and impact of new psychoactive substances
Commentary	A bespoke spreadsheet has been developed for the Emergency Department in Borders General Hospital to allow collection of data for individuals who are not admitted to the wards. The local Drug Trend Monitoring Group (DTMG) has met more frequently during 2013-14. It was identified that if a Group representative was on leave or out of office information was not being shared across the whole staff team. Administrative staff are now copied in to any information distributed to ensure rapid dissemination of any alerts relating to NPS (or other substances). 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 intelligence. Nine community events were held to raise awareness of NPS with parents, community groups and other interested parties held across the Scottish Borders by Police Scotland supported by face2face young people's service. The programme of work carried out during 2012/13 on NPS was submitted into the National Safer

	Communities Award for 2013 under the Prevention and Problem Solving category and was successful in winning this category in September 2013. NPS training has been agreed for delivery in 2014-15 to staff working with looked after and accommodated children, staff in mental health rehabilitation units and a session for universal services. In 2014-15 Neo database will be implemented for recording of IEP provision, this has a news function which will assist in distributing information. IEP sites have been provided with information on safe injecting practice for 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.

5. 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 2012-13	N/A
Commentary	The Quality Principles were highlighted at a meeting of the ADP Specialist Intervention Sub-group and planning is underway to embed these in local services. We await with interest the findings from the pilot area. The ADP Support Team will be provided with Improvement Methodology Training which will support this recommendation
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.

6 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	
Local improvement goal 2012-13	N/A

Commentary	During 2013-14 planning was undertaken for a multi-agency mapping event based on lean principles to be held in June 2014. The 'Holistic Approach to Re-offending' event will provide a basis for an Action Plan for the Borders Community Justice Group. This will include developing appropriate responses to prisoners and people in the justice system affected by substance misuse. The action plan will build on learning developed through the Women Offenders Group/Women's Service which is led by Criminal Justice and Addaction and which was supported in 2013-14 with non-recurring monies from the ADP
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

5. ADP feedback on Annual Report Process

The questions remain useful as will serve as a regular focus for ensuring strong performance for the ADP.

It was noted that there is no Ministerial Priority for children and young people and/or children affected by parental substance misuse.

Appendix 1: Recovery Outcome reporting for ADP Annual report 2014-15

This paper presents outcomes from all 5 ADP funded services in Borders. The data below is gathered from various sources, there is no joint framework for outcome reporting across the services. For all services there is additional process data available. What is presented is purely outcome data for individual service users. Due to the differences in tools and sources outcomes are not comparable between services.

1. Adult Services

Although all three adult drug and alcohol services in the Scottish Borders started to use the Drug and Alcohol Star Outcomes tool during 2013-14 there is not a full year dataset for all clients. This is anticipated for 2014-15.

1.1 Addaction

Addaction Direct Access (Adults – Alcohol only)

Addaction currently uses Star Outcome tool where Service users are asked to complete each domain of the Star tool by allocating a score from 1-10. The following table outlines the average progress for all current people and those closed in the last 6 months of 2013-14 equating to 103 people. The table below shows an increase over all relevant domains but in particular for Alcohol use and emotional wellbeing.

Domain	Average Initial	Average Review	Average Progress
Drug use	9.7	9.6	0.0
Alcohol	5.5	7.3	1.8
Emotional well being	4.5	6.0	1.4
Physical health	6.0	7.0	1.0
Accommodation	8.1	8.4	0.3
Family and friend relationships	7.0	7.6	0.6
Meaningful use of Time	5.4	6.4	1.0
Money	6.4	7.1	0.7
Community involvement	5.0	6.0	1.0
Offending	8.9	9.4	0.4

1.2 Addaction Employability Service outcomes (Drugs & Alcohol):

In 2013-14 non-recurring funding was awarded to Addaction to support employability work for alcohol and drugs clients. 42 new referrals were received in the year and work was completed with 68 service users.

The table below shows both interventions and outcomes in terms of employability related destinations for individuals who engaged with the service.

Activities	Numbers	Outcomes	Numbers
Email	14	Vocational Training	3
C.V	16	Part time college	5
Taster Sessions	3	Full time college	3
Disclosure Letter	3	Evening class	5
ILA opened	10	Adult literacy	4
ILA used	6	Computing sessions	5
Voluntary Work	2	Employment	6

1.3 Addaction Family Service (Drugs & Alcohol):

Addaction Family Service uses the Spider Outcomes tool to examine process. During 2013-14 28 initial to closure reviews were undertaken and a total of 67 reviews overall.

The table below shows an increase over all relevant domains but in particular for emotional wellbeing and self care and diet. Progress in parenting skills appears low. One of the aims of the service is to help Service Users understand the impact of their alcohol and drugs use on parenting and their children. It is often the case that as this understanding develops Service Users will then re-assess their own parenting skills and reduce their self-reported score. It can be assumed that as a parent feels better and looks after themselves better this is likely to result in improved outcomes for the child.

Domain	Average Initial	Average Review	Average Progress
Family and friend Relationships	5.75	6.96	1.21
Community Involvement	5.00	6.32	1.32
Home Safety	7.71	8.21	0.5
Parenting Skills	7.68	7.93	0.25
Family Routines	7.89	7.93	0.04
Emotional Wellbeing	4.93	6.71	1.78
Physical Health	6.11	7.00	0.89
Self Care & Diet	5.82	7.29	1.47
House, Job & Money Security	6.79	7.25	0.46
Drugs & Alcohol	3.96	7.46	3.5

1.4 Big River Project (Adults - Drugs Only)

During 2013-14 the Big River Project experienced significant difficulties due to loss of staffing including the manager and the experienced practitioner. Embedding of new practices requiring outcome monitoring proved extremely difficult. Following a decision not to enter the procurement process Service Users were aware the service would cease operating at the end of March 2014. Much of the work from January – April focussed on decommissioning of the service and safe transfer of Service Users. From necessity, interventions became more short term and the number of new clients dropped significantly.

The table below is from those 16 clients who completed a review. Small increases are noticed across the majority of domains, however, it should be noted that due to the low numbers it is difficult to make any assessment of outcomes.

Scale	Initial	Final	Change
Drug use	4.9	4.9	0.1
Alcohol use	7.3	7.3	0.0
Physical health	5.0	5.3	0.3
Meaningful use of time	2.8	4.1	1.3
Community	3.0	3.1	0.1
Emotional health	3.6	4.6	1.0
Accommodation	5.9	7.1	1.1
Money	5.7	7.0	1.3
Offending	6.6	7.2	0.6
Family and relationships	6.5	6.3	-0.3
Average	5.1	5.7	0.6

1.5 Borders Addictions Service (Adults – Drugs & Alcohol)

The information below is taken from Borders Addiction Service Annual Report. Data is collated by the service via routine reporting and also an annual audit of current case notes which assesses various process and outcome measures. Borders Addiction Service has adopted use of the Drug and Alcohol Star during 2013-14 but the most complete data is still available through the internal audit.

The information below shows positive outcomes across a range of indicators for those clients in the Core Addictions team.

- 72% of clients ceased or reduced their illicit drug use
- 31 drug clients ceased their prescribing regimen
- 180 service users stopped injecting
- 49 individuals completed a community alcohol detoxification and 11 completed residential detoxification
- 76% of clients individuals ceased using alcohol since commencing treatment with service and a further 4% reduced their use
- Of those Service Users who during assessment self reported they were committing crime or committed recent criminal activity 86% have now ceased and 8% have decreased
- 43% have shown improvement in their physical health

- 42% have shown improvement in their mental health

BAS also have a small Addictions Psychological Therapies Team (APTT) which reported positive outcomes via clinician rating and recognised psychological tools:

Clinician Rating at Discharge of Substance Misuse Levels: At point of discharge APTT workers routinely rate the service users' level of substance misuse.

- Of those service users for whom data was available, 10/17 (59%) were abstinent from alcohol at point of discharge, with a further 1 (6%) using significantly less alcohol.

- Of those service users for whom data was available, 7/12 (59%) were stable on their prescribed medication at point of discharge, a further 2 (17%) were abstinent from all drugs.

Clinical Outcomes in Routine Evaluation (CORE-34): a well recognised and widely used tool designed to assess changes in service users' psychological and social wellbeing as a result of treatment. Lower scores indicate increased wellbeing. Data presented to the ADP illustrated a significant reduction in CORE scores following treatment. Average scores prior to treatment were well above the clinical cut-off (indicating a clinically significant problem), but had reduced to well below the clinical cut-off post treatment (indicating no clinically significant problem).

Additional tools were also used (Brief Situational Confidence Questionnaire and Life Satisfaction Scale) to measure service users' confidence in their ability to manage a range of potentially high risk situations for relapse without using drugs or alcohol and assess satisfaction across a number of key areas including substance misuse, physical and emotional health/wellbeing and interpersonal relationships/social functioning. Higher scores indicate higher satisfaction.

On both of these tools marked increases in scores were noted, for example, general life satisfaction increased from an average of 55% prior to APTT input, to 77% following treatment.

2 Children's Services

2.1 face2face Borders (under 18s Drugs & Alcohol) (April 13 – May 14)

face2face aim to reduce harm to young people aged between 11 and 18 years old experiencing problems through drug, alcohol or solvent use/misuse. The service was able to report the following recovery outcomes:

- average reduction in substance use was 64%
- 76 (37%) had stopped using substances completely.
- 103 (50%) had reduced their substance use.
- Knowledge and understanding of alcohol increased by 39%
- Knowledge and understanding of drugs increased by 40%
- Knowledge and understanding of VSA increased by 100%

face2face were unable to conduct follow ups this year due to administration time constraints however, reported no re-referrals to date.
One cycle of the Strengthening Families Programme to 17 families was delivered with positive outcomes reported including increased communication and understanding leading to improved behaviour in the young person.

2.2 Action for Children (Young Carers)

Action for Children provides support for young carers. ADP funding provides additional hours to the generic young carers service. Parental substance misuse can be identified at the time of referral although it is often the case that this is disclosed as the relationship develops. The young carers who are affected by parental substance misuse, Action For Children were able to report the following recovery outcomes:

- 44.5% of young carers demonstrate improved emotional well being outcomes
- 29% of young carers who identify as socially isolated have improved participation in age appropriate activities and engagement with universal services.

Action for Children uses an in-house system which also charts improvements in school engagement and coping skills for carers.

Appendix 2: 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 discharges	Number and rate (per 100,000 population) of general acute inpatient & day case discharges 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

Rate of Antisocial Behaviour Orders per 10,000 population	Rate of Antisocial Behaviour Orders per 10,000 population for offences often related to alcohol misuse: serious assault, common assault, vandalism, breach of the peace.
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).

Appendix 3: Logic models

Pages 44-47 present logic models developed to describe work towards ADP Core Outcomes and National Outcomes. These illustrate the significant contribution of our ADP wider partnership.

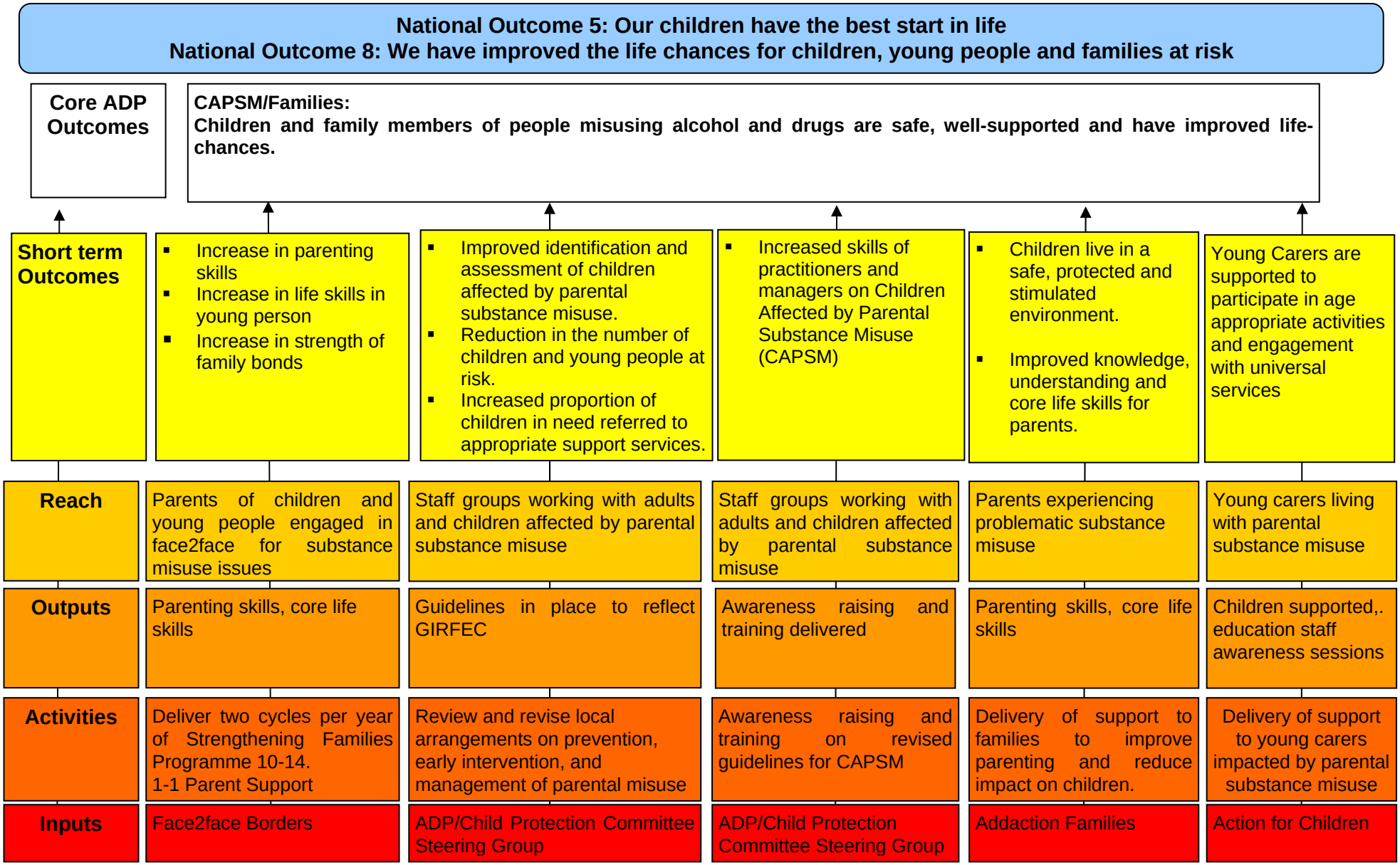
National Outcome 9: We live our lives safe from crime, disorder and danger

Core ADP Outcomes	Community Safety: Communities and individuals are safe from alcohol and drug related offending and antisocial behaviour		Local Environment: People live in positive, health-promoting local environments where alcohol and drugs are less available	
Short-term Outcomes	▪ Increased engagement with substance misuse services for offenders ▪ Offenders are able to access treatment programmes and have continuity of care ▪ Reduce offending behaviour	▪ Reduction in alcohol and drug offending and re-offending ▪ Reduction in alcohol and drug-related anti-social behaviour ▪ Reduced availability of alcohol ▪ Improvement in responsible licensing practice	Licensing Board decisions are informed by local data and evidence	▪ Reduction in underage drinking ▪ Reduced availability of alcohol ▪ Reduction of alcohol consumption ▪ Improvement in responsible licensing practice ▪ Increased community involvement in prevention activities
Reach	Individuals identified by criminal justice system with substance misuse problems	Scottish Borders community	Scottish Borders Licensing Board	Event organisers, staff working in licensed events, community attending licensed events, frontline services, community
Outputs	6 week education programme, Prescribing, detoxification, community rehabilitation	Test Purchasing, alcohol confiscation, drugs stop searches, drink/drug driving offences, Licensed Premises Visits.	Alcohol Profile updated for 2013/14.	Inputs to licensees and event organisers, posters reminding staff of licensing legislation, refusals books distributed.
Activities	Educational programme for offenders, Provision of DTTO services	Enforcement of drug and alcohol related legislation	Gather data and evidence of impact of alcohol on communities/services	Deliver targeted campaigns to promote responsible drinking across Borders Festivals/Events
Inputs	Criminal Justice Social Work Service/face2face/Addaction	Police Scotland	Local Licensing Forum	Alcohol & Drugs Tasking & Coordinating Group

National Outcome 6: We live longer, healthier lives

Core ADP Outcomes	Health: People are healthier and experience fewer risks as a result of alcohol and drug use		Recovery: Individuals are improving their health, well-being and life-chances by recovering from problematic drug and alcohol use		
Short term Outcomes	• Reduction in injecting and associated risks • Reduced/ceased drug and alcohol consumption • Improve health and well being • Improved capacity to participate	• Reduction in drug related deaths • Increased knowledge and awareness of overdose risk within individuals and carers who assess THN	• Improved community involvement/family relationships • Improved employability skills	▪ Improved identification of women experiencing DA/CSA. ▪ Increased knowledge and skills of Violence Against Women Issues and Substance Misuse	• Increased access to psychological therapies • Increased capacity within services in using MI* to enhance clinical practice
Reach	Individuals experiencing problematic substance misuse	Individuals at risk of opiate overdose and families/carers	Individuals experiencing problematic substance misuse	Individuals experiencing problematic substance misuse/ woman accessing DA services	Individuals experiencing problematic substance misuse
Outputs	Early intervention, harm reduction, MI*, NEX*, BBV* Info, detoxification, prescribing, rehabilitation.	PGD* reviewed, training provided, supply of THN kits	Employability work, links with peer support, mutual aid, develop improved service user involvement	Routine enquiry built into assessment Staff trained in domestic abuse/substance misuse	Clear pathway developed, training and supervision to all drug/alcohol staff
Activities	Ensure wide range of services available for those with alcohol or drug problems (Adults/Children)	Continue provision of Take Home Naloxone Programme (THN)	Promote recovery in individuals (young people and adults) from alcohol and drug problems	Review/training on protocol for routine enquiry of DA and CSA in drug/alcohol services,	Increased access to psychological therapies and training
Inputs	Addaction, Big River Project, BAS* face2face	NHS BAS, Big River Project	Addaction, Big River Project, BAS* face2face	Violence Against Woman Partnership/SISG*	Big River Project, Addaction, BAS

*BAS – NHS Borders Addictions Service, MI – Motivational Interviewing, BBV – Blood Borne Virus, NEX – Needle Exchange, THN – Take Home Naloxone, PGD – Patient Group Direction, SISG – Specialist Interventions Subgroup, CSA – Childhood Sexual Abuse, DA – Domestic Abuse


National Outcome 5: Our children have the best start in life
National Outcome 8: We have improved the life chances for children, young people and families at risk
Core ADP Outcomes
CAPSM/Families:
Children and family members of people misusing alcohol and drugs are safe, well-supported and have improved life-chances.
Short term Outcomes
Increase in parenting skills
Increase in life skills in young person
Increase in strength of family bonds
Improved identification and assessment of children affected by parental substance misuse.
Reduction in the number of children and young people at risk.
Increased proportion of children in need referred to appropriate support services.
Increased skills of practitioners and managers on Children Affected by Parental Substance Misuse (CAPSM)
Children live in a safe, protected and stimulated environment.
Improved knowledge, understanding and core life skills for parents.
Young Carers are supported to participate in age appropriate activities and engagement with universal services
Reach
Parents of children and young people engaged in face2face for substance misuse issues
Staff groups working with adults and children affected by parental substance misuse
Staff groups working with adults and children affected by parental substance misuse
Parents experiencing problematic substance misuse
Young carers living with parental substance misuse
Outputs
Parenting skills, core life skills
Guidelines in place to reflect GIRFEC
Awareness raising and training delivered
Parenting skills, core life skills
Children supported,. education staff awareness sessions
Activities
Deliver two cycles per year of Strengthening Families Programme 10-14.
1-1 Parent Support
Review and revise local arrangements on prevention, early intervention, and management of parental misuse
Awareness raising and training on revised guidelines for CAPSM
Delivery of support to families to improve parenting and reduce impact on children.
Delivery of support to young carers impacted by parental substance misuse
Inputs
Face2face Borders
ADP/Child Protection Committee Steering Group
ADP/Child Protection Committee Steering Group
Addaction Families
Action for Children

National Outcome 6: We live longer, healthier lives

Core ADP Outcomes	**Services:** Alcohol and drugs services are high quality, continually improving, efficient, evidence-based and responsive, ensuring people move through treatment into sustained recovery				
Short term Outcomes	▪ ADP investment reflects the national and local outcomes and is evidence based and incorporates Tiers 1-4 ▪ Service users are routinely involved in the work of the ADP and service delivery.	▪ Increased knowledge and awareness of staff delivering ABI ▪ People identified earlier who are at risk of problems associated with alcohol	▪ Informed service planning relating to ARBD ▪ Improve the experiences and reduce the risks for those affected	Service users receive timely and appropriate treatment for alcohol and drug problems	All staff working in alcohol and drug services are adequately qualified, trained, supported and enabled to deliver their agreed roles
Reach	Community planning partners, stakeholders, individuals and families affected by substances	Individuals identified as harmful or hazardous drinkers	Colleagues working with people affected	All tier ¾ drug and alcohol services	Drug & Alcohol Services, Universal services
Outputs	Revised strategic model of delivery across the whole population	Delivery of ABI in Priority settings, Police Custody suites, Criminal Justice Social Work, ASBU and Youth Project	Needs Assessment completed	90% of clients referred to start treatment within 3 weeks	Report completed and action plan developed
Activities	ADP Investment Review completed. Procurement process completed	Local delivery of ABI within Priority settings continued with roll out of delivery in non-health settings (ASBU, Youth Project)	ARBD Needs Assessment approved at ADP April 2013	Monitor implementation and progress of HEAT A11 actions for reducing waiting times	Workforce Development Project to confirm needs to support ROSC
Inputs	ADP Executive Group	NHS BAS, Social Work, ADP Support Team	ADP Executive Group	A11 Steering Group	ADP Executive Group

ABI – Alcohol Brief Interventions, ARBD – Alcohol Related Brain Damage, ROSC - Recovery Orientated system of Care, ASBU – Antisocial Behaviour Unit