



Scottish Borders ADP Annual Report 2012/13

PARTNERSHIP DETAILS

Alcohol & Drug Partnership:	Borders
ADP Chair	Dr Eric Baijal
Contact name(s)	Dr Eric Baijal Fiona Doig
Contact telephone	01896 824535
Email:	Eric.baijal@nhs.net Fiona.doig@borders.scot.nhs.uk
Date of Completion:	12 th September 2013
Date published on ADP website(s)	17 th September 2013

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 2012 – 31 March 2013

The information below is a self-assessment of ADP performance for 2012/13 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.	G	<ul style="list-style-type: none"> • ADP Investment Review completed and action plan implemented. • Specific population needs assessment performed for ARBD. • Alcohol Profile has been completed to inform the Licensing Board Overprovision Statement.
2	An outcomes based ADP Joint Performance Framework is in place that reflects the ADP National Outcomes.	G	<ul style="list-style-type: none"> • ADP performance framework is outlined in the ADP Delivery plan 2012/15. • Clear baseline data, indicators and targets 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	<ul style="list-style-type: none"> • Mapping of contributions by statutory partner to the work has been completed as part of the ADP Investment Review. • Agreements with partners who jointly fund ADP commissions to implement findings of Investment Review has been reached.
4	Integrated Resource Framework - Outcomes A coherent approach has been applied to selecting and prioritising investment and disinvestment options.	G	<ul style="list-style-type: none"> • ADP Investment Review work has allowed ADP to begin developing a new model of delivery. This will be progressed during 2013-14.

PLAN

	Theme	R A G	Evidence
5	We have a shared vision and joint strategic objectives.	G	<ul style="list-style-type: none"> ADP Strategy
6	Our strategic commissioning work is clearly linked to Community Planning priorities and processes.	G	<ul style="list-style-type: none"> ADP has contributed to the development of the SOA and also the Early Intervention and Prevention Theme Group. Revised Local Community Planning Structures are still embedding alongside development of the Health and Social Care Strategy Group. Commissioning Strategy is available via www.badp.scot.nhs.uk
7	Service Users and carers are embedded within the partnership commissioning processes.	A	<ul style="list-style-type: none"> Service user and family consultation on Investment Review which included comment on service provision. Commitment to ensuring service user involvement in ADP structures going forward.
8	A person centered recovery focus has been incorporated into our approach to strategic commissioning.	A	<ul style="list-style-type: none"> Investment Review is working towards commissioning for a Recovery Orientated System of Care. Recovery outcomes reflected in service specifications. Recovery outcome reporting across adult drug and alcohol services via the outcome star will be implemented in 2012-13. Investment in employability work. Need to improve on visibility of recovery and links to mutual aid groups. Please see Appendix 1 Outcomes Paper.
9	All relevant statutory requirements regarding Equality Impact assessments have been addressed during compilation of our ADP Strategy and Delivery Plan	A	<ul style="list-style-type: none"> ADP Strategy and Delivery Plan Equality Impact Assessment. Equality Impact Assessments are required as part of the governance arrangements for commissioned services. However, recent audit identified these are not in place. Investment Review Future Model will be Equality Impact Assessed.

DELIVER

10	Joint Workforce plans are in place across all levels of service delivery which are based on the needs of your population.	A	<ul style="list-style-type: none"> • Workforce development supported by Performance Review Processes, Personal Develop Plans and supervision arrangements. • A Workforce Development Project by STRADA will be completed by December 2013. • Services are required to report on training attended by staff.
11	A transparent performance management framework is in place for all ADP Partner organisations who receive funding through the ADP.	A	<ul style="list-style-type: none"> • ADP funding arrangements require performance reporting on a six monthly basis. • Recent Investment Review work has involved deeper interrogation of service data and identified opportunities to improve on performance management.

REVIEW

12	ADP Delivery Plan is reviewed on a regular basis.	A	<ul style="list-style-type: none"> • Delivery plan is formally reviewed annually.
13	Outcomes focussed contract monitoring arrangements are in place for all commissioned services.	G	<ul style="list-style-type: none"> • 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. • There is room for improvement on reporting back from monitoring visits to ADP Executive Group.
14	A schedule for service monitoring and review is in place.	G	<ul style="list-style-type: none"> • ADP Executive Group (which fulfils the commissioning function) receives feedback on exceptions only but not on a tight scheduling basis. We have identified this as an area for improvement.
15	Service Users and their families play a central role in evaluating the impact of services.	R	<ul style="list-style-type: none"> • SDF Quality Tool for Service user evaluation utilised in Borders Addiction Service. • Service Users and the Quest Families group have been involved in the process of the Investment Review. • Services vary in the amount of routine evaluation.

1.1 ADP Priorities for 2013-14 Based on Self Assessment

The following ADP priorities have been identified for 2013-14 based on the self assessment carried out:

- 1 To develop Service User Involvement in the structure of the ADP
- 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 April 2013
- 3 To develop a Workforce Development Plan to support the Recovery Oriented System of Care
- 4 To develop a system for robust and transparent monitoring framework incorporating a monitoring feedback schedule to the Executive Group
- 5 To ensure all current services and future developments are Equality Impact Assessed

2. Financial Framework - Drug and Alcohol Expenditure 2012/13

Ring Fenced Drug & Alcohol Allocation	ADP	Social Work	CYPPP	Other SBC ¹	NHS	Police
Alcohol	£1,039,066					
Drugs	£303,724					
Total Budget	£1,342,790					
Drug and Alcohol Expenditure 2012/13						
<u>TIER 1</u>						
Safer communities - Drug and alcohol awareness officer, Police Licensing Officers, New Psychoactive Substances Programme	£1,000					£119,475
<u>TIER 2</u>						
Face to Face	£40,315		£38,252			
Action for Children	£46,472					
Primary Care - Local Enhanced Service	£42,220					
Primary Care - Blue Bay Licence (ABIs)	£3,960					
Social Work - planning post	£10,300	£9,877				
Penumbra		£30,004				
<u>TIER 3</u>						
Addaction	£180,922	£19,222				
Addaction Family	£79,167		£38,408			
Big River	£110,399	£62,322		£2,000	£10,000	
NHS Borders BAS including Prescribing	£567,207				£250,617	
Supervision of opiate substitute prescription					£109,193	
Community Support Workers/Community care assessor		£17,613				
<u>TIER 4</u>						
Residential Rehabilitation		£72,883				
ARBD clients in Residential Care		£72,828				
<u>OTHER</u>						
NHS Borders Corporate Support	£101,525					
ADP Support Team - Pays & Supplies	£109,628					
Scottish Drugs Forum - Voluntary Representation	£10,000					
Star Outcomes	£3,500					
Total Expenditure	£1,306,615	£284,749	£76,660	£2,000	£369,810	£119,475
1 Fairer Scotland Funding						

End Year Balance 2012-13

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

	Income £	Expenditure £	End Year Balance £
Drug	362,224	353,960	8,264
Alcohol	1,112,566	1,122,332	(9,766)
Total	1,474,790	1,476,292	(1,502)

Underspend 2012-13

The Underspend for 2012-13 is accounted for by the release of Corporate Support charge amounting to £46,000. This has been carried forward to 2013-14.

Available non-recurring funding

These areas have been agreed from non-recurring funding available in 2013/14 only, based on carry forward from Corporate Support Charge, Investment Review Contingency Funding and other savings.

Underspend £	Proposals for future use
15,000	Employability Worker
33,333	Occupational Therapist
12,300	Co-morbidity psychologist
13,100	Substance Misuse Pharmacist
37,000	Substance Misuse Education
60,000	Support to face2face following funding deficit
10,000	Support to Scottish Borders Council Contract Department
2,000	Facilitation for Investment Review
tbc	Advocacy support

Support in kind

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

Provider	Description
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.
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 Government	Leadership and Influencing, Support with Investment Review process.
Scottish Drugs Forum	Support to deliver Service User Involvement, National Policy Support.
Alcohol Focus Scotland	Support with Local Licensing Forum Alcohol Profile, National Policy Support.

3. Core & Local Indicators and key activities 2012/13

This section provides:

- 3.1 An update on Key Milestones as identified in the 2012-15 Delivery Plan.
- 3.2 Logic models tied to each of the Core ADP Outcomes which reflect the contribution to national outcomes.
- 3.3 Table of local indicators linked to logic models. Each indicator, where appropriate, has been annotated with a baseline figure, current performance and target for 2012-15.
- 3.4 A summary of Borders position against Core National indicators.

3.1 Key Milestones 2012/13: Update

Borders ADP has successfully delivered on the majority of its 11 Key Milestones as set out in the 2012-2015 Delivery Plan. In particular, significant progress has been made on the Review of Investment which had been held over from 2011-12.

3.1.1 A comprehensive review of investment of ADP ring-fenced funding at local level to achieve strategic priorities: In July 2012 the ADP Executive Group commissioned an Investment Review on behalf of the ADP. The aim of the Review was to review and make recommendations about future investment of Services, funded by the ADP. An external consultant was hired out the review and the findings discussed at the ADP in November 2012.

Based on the consultant's the Executive Group highlighted the requirement to examine our local system in terms of need and services/interventions in place to respond. A range of approaches was used to inform a 'whole system approach' to reducing harm from alcohol and drugs. This included review of existing data sets and service uptake data, focus groups and individual interviews with staff, focus groups with service users and Executive Group planning sessions. Monthly meetings were also scheduled for Service Managers to ensure good two way communication. In addition, the national QuEST tool was use to assess demand and capacity.

The Executive Group Investment Review Report was approved at the ADP in April 2013. During 2013/14 a model of delivery will be developed using the National Treatment Agency Recovery Orientated System of Care model as a proxy framework.

Support has been provided by Scottish Drugs Forum to consult with service users and Scottish Government's ADP Delivery Advisor in the Review Process.

3.1.2 The development of improved mechanisms for service user, carer, and stakeholder involvement on an ongoing basis:

Support has been provided by Scottish Drugs Forum to gain views of service users and carers. Meetings with service users from all adult services and family support group have taken place. A proposed future model for service user involvement will be taken forward in 2013/14.

3.1.3 Deliver campaigns to promote responsible drinking across Borders Festivals/Common Ridings and Rugby Sevens targeted to adults and underage drinkers:

22 events targeted with responsible drinking messages in the form of posters, banners and onsite training for bar staff. For 2013/14, staff from events will be targeted with key messages on 'not serving individuals who are drunk and challenge 25' with refusal books being provided and staff training.

3.1.4 Improve data collection mechanisms to gather evidence of the impact of alcohol on communities that support decision making around licensing:

Data collection systems were implemented in Emergency Department and Police antisocial behaviour database to ensure alcohol related incidents were identifiable. This data along with information from Fire & Rescue Service, Scottish Ambulance Service and Borders Licensing Department allowed the development of an alcohol profile (the first of its kind in Scottish Borders) to support the development of Licensing Policy. Unintended outcomes from this have resulted in a consultation on byelaws for the prohibition of alcohol consumption in public place during 2013/14.

3.1.5 A Training Needs Analysis of the alcohol and drug workforce and development of a Workforce Development Plan:

This work was delayed until the Investment Review had made significant progress. In January 2013 an initial meeting was held with Scottish Training on Drugs and Alcohol (STRADA) to identify support for a workforce development project on behalf of the ADP. STRADA will take forward this work during 2013-14 and a workforce development plan will be delivered by December 2013.

3.1.6 Build on recent work to raise awareness and support the workforce to address New Psychoactive Substances (NPS):

Training for specialist drug and alcohol services and primary care teams was delivered by Crew with training for trainers ensuring sustainability of training across the workforce. 29 inputs have been delivered to the wider workforce including Scottish Ambulance Service, Emergency Department, students and Pastoral staff. Media campaign targeting users with use of Quick Response Code to access further support delivered over festive period within licensed premises. Outreach work was delivered in local nightclubs during Freshers' week with support from volunteers within Crew. A seminar on NPS was delivered to raise awareness to the wider workforce and communities with a drug training resource pack launched at this event. To allow information gathering and monitoring of any new trends, a 'Drug Trend Monitoring Forum' has also been created with national and local representation. This group has also developed an information collection template to improve data reporting. During 2013/14, community awareness inputs are being delivered by Police Scotland Drug and Alcohol Awareness Officer in local areas along with ongoing information gathering. This work won the 'Prevention and Problem Solving' National Safer Communities Award 2013.

3.1.7 The completion of a one year pilot to strengthen prevention approaches for young people through schools and parents, ensuring those with additional needs aren't overlooked: A comprehensive review of the evidence base and an audit of local provision has been produced. This work has been delayed and in June 2013 a decision was reached to refocus the work with more senior colleagues.

3.1.8 Embed and sustain local delivery of alcohol screening and brief interventions within NHS settings and roll out of delivery in non-health settings such as social care: 2665 ABI's were delivered in 2012-13 against a target of 1247. Expansion into wider settings of Police Custody Suites and Criminal Justice Social Work Setting has taken place with a view during 2013/14 to expand this further into other social work settings.

3.1.9 Develop an agreed framework for monitoring and reporting on outcomes: Following positive feedback of trial of the Drug and Alcohol Star tool in two services it was agreed to use the tools across all three adult services. Training was delivered to the existing staff teams in October 2013 with an envisaged start date of January 2013. However, at this time two of the three services were without team managers therefore implementation was put on hold. Although services were still able to use the tool there is no consistent reporting from this period. This will be available from Quarter 2 of 2013-14. At this time the Drug and Alcohol Star is not being used within the Families Service as neither this nor the other available stars capture the domains which are prioritised within the Families Service. Addaction have, however, a similar 'spider' system which can chart outcomes progress. The Children and Young People's Planning Partnership is pursuing a shared outcomes framework for all children and young people's services via a 'wellbeing web' therefore the Star implementation in substance misuse services is reserved for adult services only.

3.1.10 Strengthen local arrangements for protecting children and young people from the harmful impact of parental alcohol and drug use to improve the screening, identification, communication and early intervention across services: Interim guidelines for Children Affected by Parental Substance Misuse (CAPSM) reflecting revised local structures were developed and launched in November 2012. The launch event targeted multi-agency managers and was co-facilitated by Addaction Families Service staff. Following the launch briefings were also held with key colleagues. Further work is ongoing to align CAPSM guidelines with GIRFEC Named Person arrangements implementation which is scheduled to commence from October 2013 in Borders.

3.1.11 Strengthen strategic links between the ADP, Child Protection and Adult Protection Committees with the aim of co-ordinated action on public protection through key partner agencies to improve joint working and establish mechanisms for reporting developments to the ADP: The Chair of the Adult Protection Committee is now the Independent Chair of the Drug Related Deaths Group. This which will lead to greater cross agency understanding of the work of the both areas. Although no formal mechanisms have been put in place, joint working across e.g. CAPSM guidelines and GIRFEC implementation will improve the local arrangements. During 2013-14 work will be progressed to develop a shared induction and training for public protection awareness.

3.2 Logic models

Pages 14 – 18 present logic models developed to describe work towards ADP Core Outcomes and National Outcomes. These illustrate the significant contribution of our ADP wider partnership.

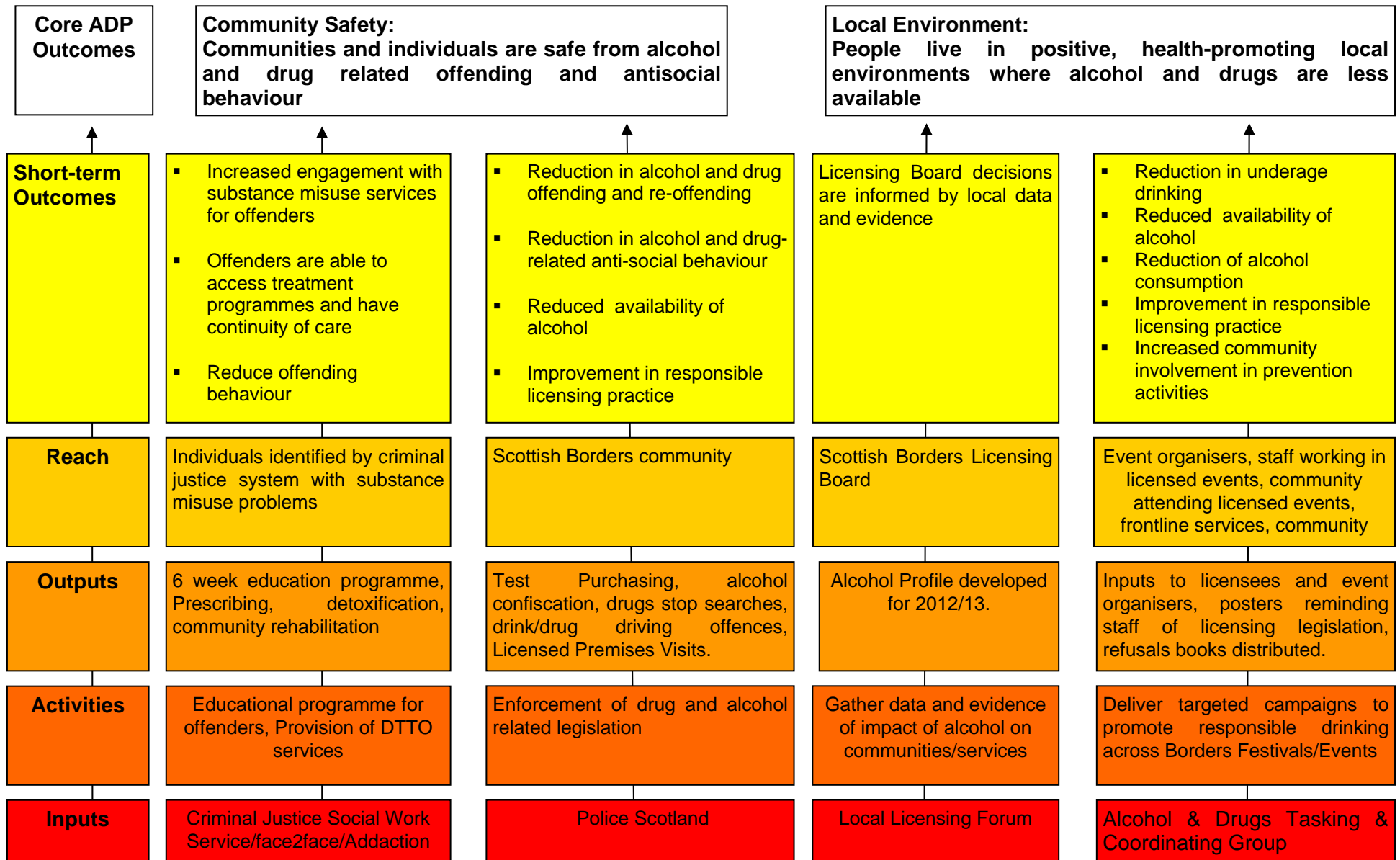
National Outcome 6: We live longer, healthier lives

Core ADP Outcomes

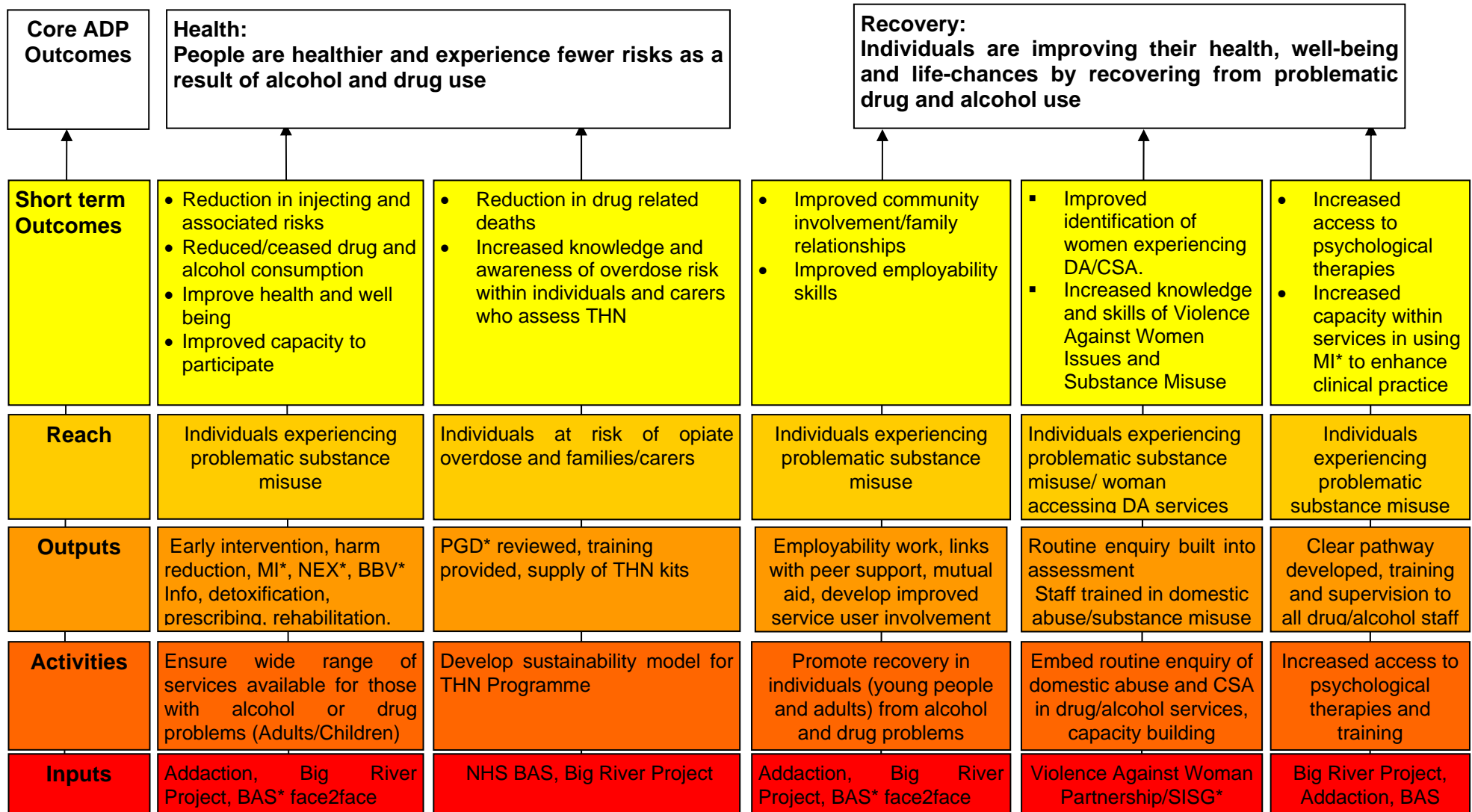
Prevalence:
Fewer adults and children are drinking or using drugs at levels or patterns that are damaging to themselves or others

Short -term Outcomes	<ul style="list-style-type: none"> • Increased knowledge and awareness of drug and alcohol issues including harmful effects • Increased skills to make positive choices around healthy lifestyles • Increased attitudinal change towards alcohol and harmful substance 	<ul style="list-style-type: none"> • Increased knowledge and awareness of New Psychoactive Substances (NPS) including harmful effects • Increased awareness of support services available • Accurate assessment of local issues 	<ul style="list-style-type: none"> • Increased knowledge and awareness of drug and alcohol issues including harmful effects • Increased access to information and advice on substance misuse outwith school setting via parents and youth work 	<ul style="list-style-type: none"> • Workplace environment which supports prevention of substance misuse • Individuals experiencing substance misuse are provided with appropriate support 	
	Reach	All P7 and secondary school pupils	Drug & Alcohol Services, Frontline Services, Students, Licensees, Emergency Department, General Public	Parents, youth groups, community learning and development, workforce	Local businesses as part of Occupational Health Services
	Outputs	Revised SME programmes within schools	NPS Training, media campaign, Seminar, prevalence of NPS monitored	Sessions delivered to community	Training to managers
	Activities	Model of SME to be piloted and evaluated in Learning Board with roll out across Borders	Increase awareness, provide training and strengthen monitoring on NPS	Awareness inputs delivered in community on substance misuse	Support to businesses in development of substance misuse polices and training
	Inputs	Substance Misuse Education Group	Alcohol & Drug Tasking & Coordinating Group	Police Scotland	Workplace Health Services

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

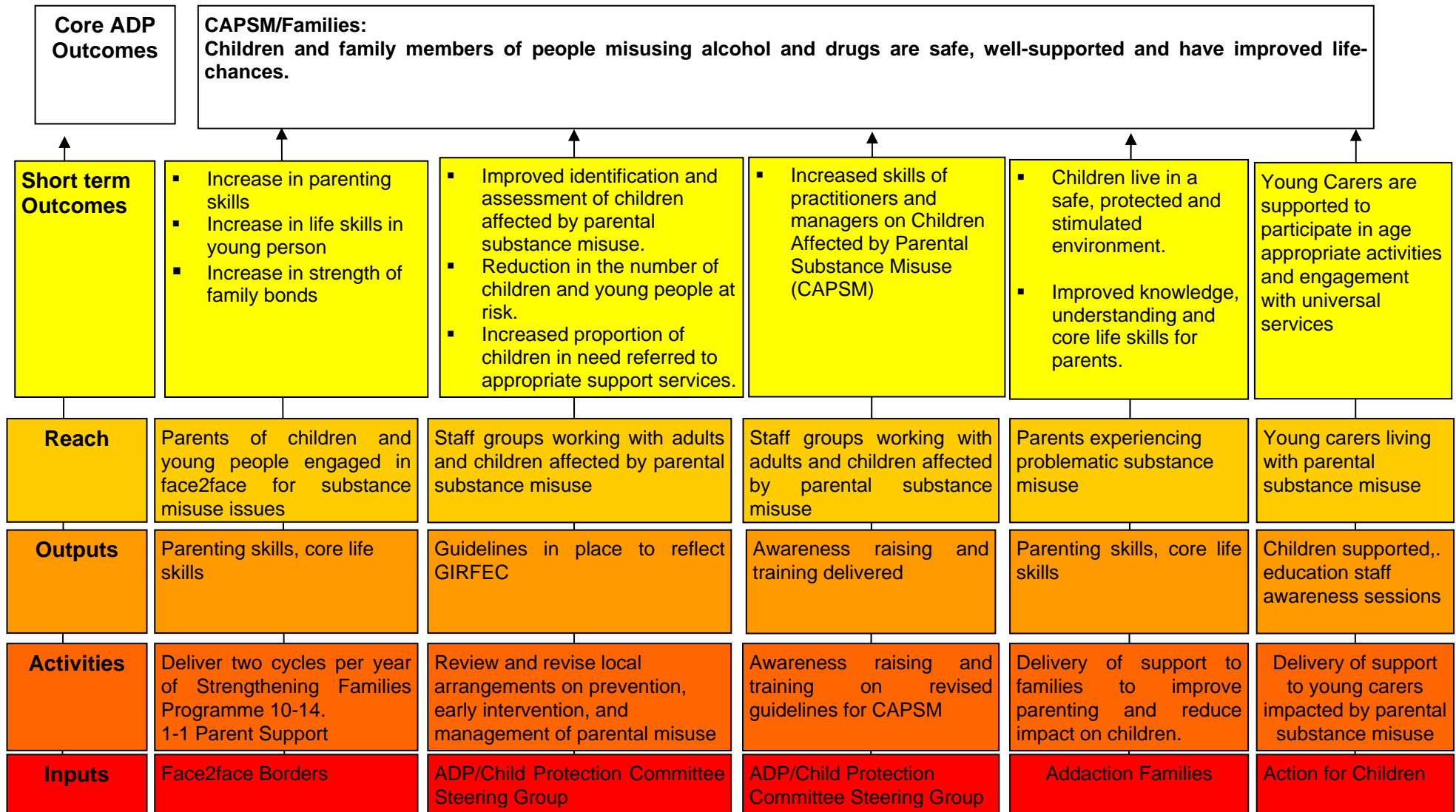


National Outcome 6: We live longer, healthier lives

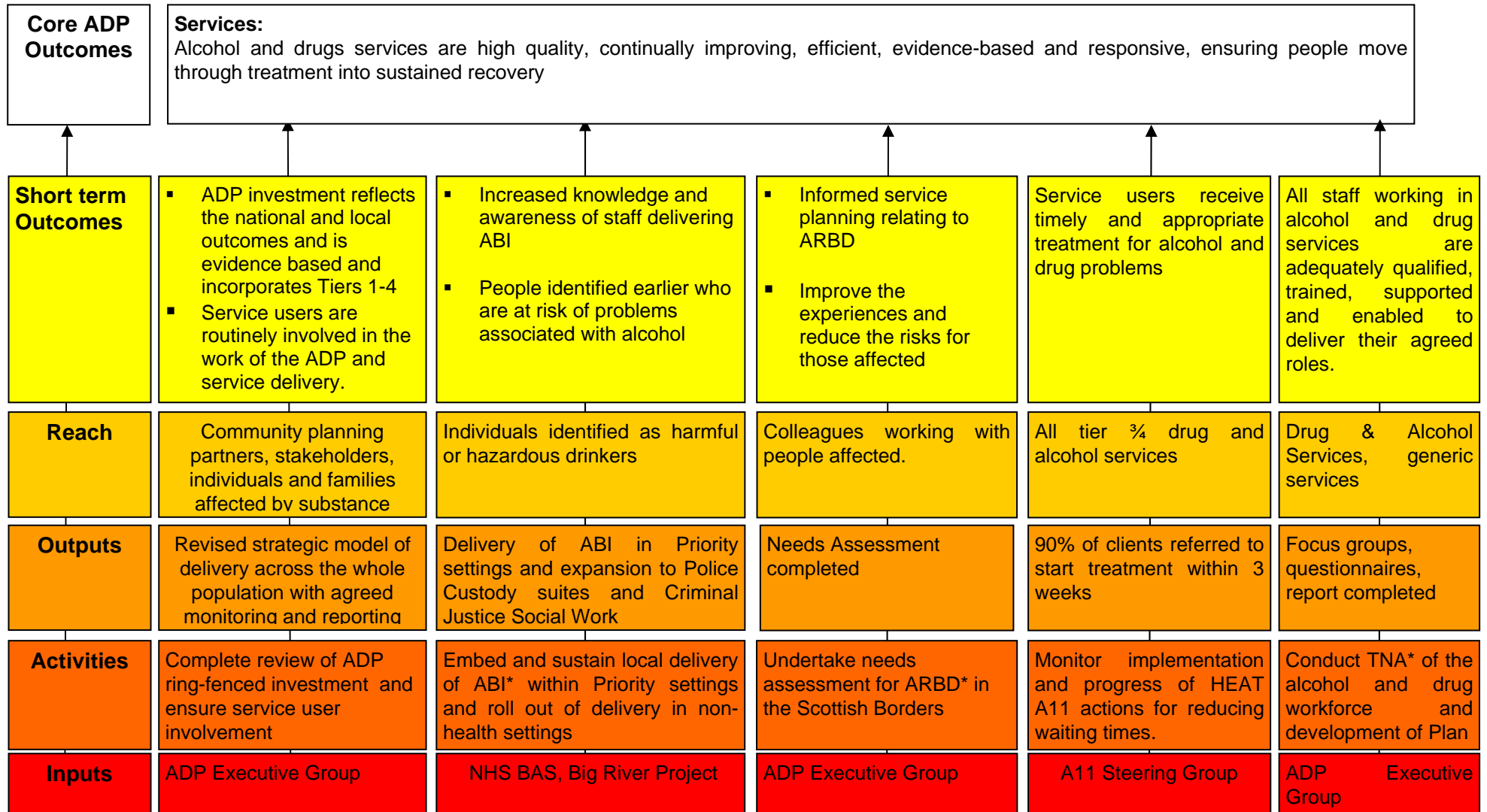


*BAS – NHS Borders Addictions Service, MI – Motivational Interviewing, BBV – Blood Borne Virus, NEX – Needle Exchange, THN – Take Home Naloxone, PGD – Patient Group Direction, SISG – Specialist Interventions Subgroup, CSA – Childhood Sexual Abuse

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



National Outcome 6: We live longer, healthier lives



*ABI – Alcohol Brief Interventions, ARBD – Alcohol Related Brain Damage, TNA – Training Needs Analysis

3.3 Local indicators and Progress for 2012/13

The following are local indicators linked to the ADP Core Outcomes and activities in section 3.2 Logic Models.

Core ADP Outcome: Prevalence

	Local indicator	Baseline 2011/12	2012/13	2015 Target and progress
1	Recommendations on future delivery of Substance Misuse Education and roll out across Scottish Borders to be made by end June 2013.	N/A	Pilot not completed	All schools have adopted revised SME education programmes
2	Percentage of schools receiving educational input from Police Scotland	97%	100%	100% (of schools who have P6s/P7s)
3	Number of inputs delivered by Police Scotland out with the school setting and to parents relating to the harms of children & young peoples substance misuse	8	10	10 per year
4	Number of pupils who received input delivered by face2face across all year groups within 9 secondary schools	1500	1901 (61 inputs)	1800
5	Number of referrals to specialist services by Police Scotland (Face2face, Social Work)	80 (2 year average) (2010/11 – 2011/12)	84 (2012/13)	84 (2 year average) (2012/13 - 2013/14)
6	Percentage of workplaces with which Workplace Health Services are involved which have up to date substance misuse policies	No baseline available	60%	50%
7	Number of individuals and employers who access Workplace Health Services for advice and support on substance misuse issues	No Baseline	6 employers and 8 staff	Target to be identified

Core ADP Outcomes: Community Safety/Local Environment

	Local indicator	Baseline 2011/12	2012/13	2015 Target
8	Number of police drug seizures	342 (3 year average) (2009/10 – 2011/12)	464	359 (3 year average) (2012-15)
9	Number of drink and drug driving offences	137 (3 year average) (2009/10 – 2011/12)	115	130 (3 year average) (2012-15)
10	Number of Safer Communities Campaigns e.g. Responsible Drinking Campaign	5	14	6

11	Percentage of women who complete women offending group work programme with Addaction and Criminal Justice.	72%	40%	72%
12	Number of Community Payback Orders issues where alcohol and/or drug treatment required, and proportion that are successfully completed.	16 issued (alcohol), 50% successfully completed (7 still open), 8 issued (drugs), 62.5% successfully completed (3 still open).	13 issued (alcohol), 15% successfully completed (9 still open), 4 issued (drugs), 0 completed, 2 still open.	ADP to monitor
13	Number of young people who have had alcohol confiscated or found under the influence of alcohol by Police.	343 (2 year average) <i>(2010/11-2011/12)</i>	463	360 (2 year average) <i>(2012/13 – 2013/14)</i>
14	Percentage of test purchasing visits to Licensed Premises passed	96%	94%	100%
15	Number of events targeted with responsible drinking message via Safer Communities Team.	N/A	22 events	23 events

Core ADP Outcomes: Health/Recovery

	Local indicator	Baseline 2011/12	2012/13	2015 Target
16	Number of targeted frontline services who have received alcohol and drug awareness session	N/A	23	Discontinued
17	Number of new clients trained on Take Home Naloxone Programme	147 (64%)	48 (24%)	100%
18	Annual average reported % of improvements based on STAR Outcomes Tool re: family and friend relationships and community involvement and number of reviews. Addaction Service – please see outcomes paper on page 5 for more detail.	110 Reviews: Family & Friend: 2.1% Community Involvement 2.6%	117 Reviews: Family & Friend: 2.1% Community Involvement 2.5%	125 reviews Family & Friends: 2.4% Community Involvement: 2.9% Alcohol 4.8% (new target)
19	Average % of those engaging with face2face that have reduced or stopped substance use.	60%	72%	65%
20	% of service users within face2face who have sustained change at 6 months.	60%	91%	75%
21	% of young people who improve school attendance following engagement with face2face	50%	Not available 2012/13	60%
22	Percentage of women accessing specialist drug/alcohol	92% (July	100% for	92%

	services who have received routine enquiry for domestic abuse	– March)	BAS, 62% Addaction	
23	Percentage of addiction/domestic abuse services received joint training on shared issues. This work will be progressed following completion of the Workforce Development Plan.	N/A	0	100%
24	Development and delivery of a programme of training and ongoing support/supervision to support clients presenting with co-morbid mental health problems	N/A	Ongoing	Staff training to be delivered and evaluated by December 2013 Support/supervision to addictions offered on an ongoing basis from present-March 2014
25	Development of a clear pathway between voluntary drug and alcohol services and the local addictions psychological therapies team	N/A	Complete	N/A
26	Identification of addictions service staff needs in relation to the identification of co-morbid mental health problems and the management of mild co-morbid mental health problems	N/A	Complete	N/A
27	2 x 3 day motivational training workshop delivered to all alcohol and drug services	N/A	Complete	N/A
28	Delivery of 12 x 2 hour monthly MI supervision group sessions		Ongoing	Supervision groups delivery & increased clinician competence in MI demonstrated by July 2013

Core ADP Outcomes: CAPSM

	Local indicator	Baseline 2011/12	2012/13	2015 Target and Progress
29	Number of families participating in 'Strengthening Families Programme' with face2face	10	17	20
30	Evaluation completed for 'Strengthening Families Programme' with face2face	8	17	18
31	Number of parents receiving support by face2face	20	24	30
32	Number of children where parental substance misuse is identified as an area of concern (Action for Children, Young Carers Service)	13	21	ADP to monitor
33	Numbers engaging with Addaction Family Service	71	84	77 (2014/15)
34	Annual Average reported % of improvements based on STAR Outcomes Tool evaluations (Addaction Family	53 Reviews Home Safety:	31 Reviews Home Safety:	60 reviews

	Service) See page 5	1.4% Parenting: 1.6% Drug/Alcohol: 2.7%	1.3% Parenting: 1.2% Drug/Alcohol: 2.7%	Home Safety: 2.4% Parenting : 1.9% Drug/Alcohol: 2.7%
35	% of individuals referred who actively engage with Action For Children (Young Carers Service)	94%	95%	94%
36	% of young carers who demonstrate improved emotional wellbeing outcomes (Young Carers Service)	25%	67%	35%
37	% of young carers who identify as socially isolated who have improved participation in age appropriate activities and engagement with universal services (Young Carers Service)	19%	42%	25%

Core ADP Outcomes: Services

	Local indicator	Baseline 2011/12	2012/13	2015 Target and Progress
38	Investment Review completed and plan of action agreed	N/A	Complete	N/A
39	Service user/family involvement in Investment Review process	N/A	Complete	N/A
40	Development of model of service user involvement based on Review recommendations	N/A	Ongoing	Reviewed model of investment operational from April 2014
41	Workforce training needs identified and programme of training developed	N/A	Ongoing	Completed by December 2013
42	Number of wider screenings for alcohol use disorders delivered and the percentage screening positive (with % eligible for ABI and % eligible for referral)	N/A	171 screened (90% received ABI)	200 individuals screened in wider settings.
43	Number of alcohol brief interventions delivered in accordance with HEAT Standard Guidance	2727	2655 (94% within HEAT Settings)	Deliver at least 1122 (90% of H4 Target) within HEAT settings by March 2013.
44	Alcohol Related Brain Damage Needs Assessment completed	N/A	Complete	N/A
45	Agreed Outcome Framework used by all alcohol and drug services. See Section 3.1.9	N/A	Complete	N/A
46	Percentage of clients waiting more than three weeks between referral to a specialist alcohol and drug service and commencement of treatment	95% (Jan – March 12)	98% (Jan – March 13)	95% of clients start treatment within 3 weeks of referral (March 2013)

3.4 Core Indicators

This section reports on the core indicators set by Scottish Government which relate to Core ADP Outcomes. Where available, data is presented over a number of years.

3.4.1 HEALTH

Summary commentary: Borders rate of drug related hospital admissions appears to be growing over the last 6 years at a faster rate than the Scottish average. The rate of alcohol related admissions and mortality is steady and also below Scottish average.

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

Improvement goals:

We have set a 5% improvement goal for 1.2: Alcohol related hospital admissions to reduce this rate to 544 by 2014.

Drug related hospital admissions

(Source: ISD Scotland – SMR-01)

ADP	2005/08	2006/09	2007/10	2008/11	2009/12
Borders	67	74	77	77	87
Scotland	101	110	115	120	122

3 year rolling average rates per 100,000 population, Scotland and Council area of residence

Alcohol related hospital admissions

(Source: ISD Scotland – SMR-01)

ADP	2005/08	2006/09	2007/10	2008/11	2009/12
Borders	622	643	621	574	573
Scotland	758	776	766	736	710

3 year rolling average rates per 100,000 population, Scotland and Council area of residence

Alcohol related mortality

(Source: ISD Scotland – NRS)

ADP	2005/07	2006/08	2007/09	2008/10	2009/11
Borders	11	10	11	10	11
Scotland	27	26	24	23	22

3 year rolling average rates per 100,000 population, Scotland and Council area of residence

Prevalence of hepatitis C among injecting drug users

(Source: HPS – NESI))

ADP	2008/09	2010
Borders	26.8%	14.5%
Scotland	53.5%	56.1%

3.4.2 PREVALENCE

Summary commentary:

Prevalence of problem drug users is below Scottish average and showing minimal change. However, there appears to be an increase in the percentage prevalence within the female population.

School pupils reporting drug use has declined in Scotland and Borders. The percentage of pupils aged 15 who are weekly drinkers has dropped to below Scottish average 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.

Prevalence of problem drug users (Source: ISD)

Percentage of the total population age 15-64 years

Total	2006	2009/10
Borders	0.7%	0.8%
Scotland	1.6%	1.7%

Percentage of the male population age 15-64 years

Males	2006	2009/10
Borders	1.1%	1.1%
Scotland	2.3%	2.5%

Percentage of the female population age 15-64 years

Females	2006	2009/10
Borders	0.3%	0.5%
Scotland	1.0%	1.0%

Drug use last month (pupils age 15) (Source: SALSUS 2006, 2010)

Percentage of 15 year old pupils who used illicit drugs in the last month

ADP	2006	2010
Borders	18%	6%
Scotland	14%	11%

Drug use last year (pupils age 15) (Source: SALSUS 2006, 2010)

Percentage of 15 year old pupils who used illicit drugs in the last year

ADP	2006	2010
Borders	27%	11%
Scotland	23%	19%

Weekly drinkers (pupils age 15) (Source: SALSUS 2006, 2010)

Percentage of 15 year old pupils drinking on a weekly basis and the mean consumption in the last week

ADP	2006	2010
Borders	40%	17%
Scotland	30%	20%

Mean number of units in the last week

ADP	2010
Borders	17.4
Scotland	19.5

Population exceeding weekly and/or daily limits (Source: Scottish Health Survey combined 2008 – 2011)

The proportion of individuals drinking above daily and/or weekly recommended limits

ADP	Men	Woman	Total
Borders	46.4%	40%	43.1%
Scotland	48.7%	38.6%	43.4%

Binge Drinkers (Source: Scottish Health Survey combined 2008 – 2011)

The proportion of individuals drinking above twice daily (“binge” drinking) recommended limits

ADP	Men	Woman	Total
Borders	23.7%	14.6%	19%
Scotland	26%	16.7%	21.1%

Binge Drinkers (Source: Scottish Health Survey combined 2008 – 2011)

Proportion of people with potential problem drinking

ADP	Men	Woman	Total
Borders	10.8%	6.2%	8.6%
Scotland	13.9%	9.5%	11.7%

3.4.3 RECOVERY

Summary commentary: National figures are not available. Star outcomes tool will be used in adult substance misuse services and a well being web is being developed across all local children and young people’s services.

3.4.4 CAPSM/FAMILIES

Summary commentary: See Local Indicators on page 21.

Improvement goals: we have set improvement goals for outcomes for people accessing our families service.

Child protection with parental alcohol/drug misuse (Source: Children’s Social Work Statistics 2011-12)

Number of Child Protection Case Conference where parental drug and alcohol abuse has been identified

Concerns identified at the case conferences of children who were on the child protection register at 31 July 2012, by local authority

ADP	2010
Borders	10
Scotland	918

Proportion of positive ABI screenings in ante-natal setting

ADP	Screenings	% Positive
Borders	796	2%

3.4.5 COMMUNITY SAFETY

Summary commentary:

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

The conviction rate for offenders given a Drug Treatment and Testing Order in Borders is higher than Scottish average and has increased over the reporting period.

'Alcohol related' offences recorded by the police show rates for Serious Assault, Common Assault and Vandalism in Borders are below Scottish average. ASBO rates for Breach of the Peace are fractionally above Scottish average.

The percentage of crimes where the offender was under the influence of alcohol are lower in Borders than the Scottish average and slightly higher for offences where the offender was under the influence of drugs.

Drug use funded by crime Source: ISD, SDMD (SMR25a)

Percentage of new patients/clients at specialist drug treatment services who report funding their drugs through crime (2009/10, 2010/11, 2011/12)

ADP	2009/10	2010/11	2011/12
Borders	7.1%	14.3%	16.4%
Scotland	17.7%	22.4%	21.2%

Reconviction of DTTO-ers (Source: SG, Criminal Justice Social Work Statistics)

One year reconviction frequencies rate for offenders given a Drug Treatment and Testing Order (2007/08, 2008/09, 2009/10)

Community Area	Justice	2007/08	2008/09	2009/10
Borders		66.7	116.7	171.4
Scotland		192.3	162.3	149.6

ASBO rate (Source: SG, Justice Analytical Services Division)

Alcohol 'related' offences recorded by the police (2009/10, 2010/11) Rates per 1000 population

ASB Offences	2009/10	2010/11	2011/12
	Serious Assault		
Borders	0.4	0.5	0.5
Scotland	1.0	0.9	0.8
	Common Assault		
Borders	6.9	6.2	5.8
Scotland	12.9	12.3	11.8
	Vandalism		
Borders	9.5	8.3	9.1
Scotland	15.1	13.6	12.8
	Breach of the Peace		
Borders	-	-	6.5
Scotland	-	-	6.3

CPOs with alcohol/drug treatment (Source: SG, Criminal Justice Social Work Statistics)

Number of Community Payback Order requirements issued with drug or alcohol treatment

ADP	2011/12
Borders	25
Scotland	772

Alcohol/drug fuelled offences (Source: SG, Scottish Crime and Justice Survey)

Percentage of crimes where offender was under influence of **alcohol**

Police Force work area	2009/10	2010/11
Lothian and Borders	23%	18.0%
Scotland	23.0%	22.0%

Percentage of crimes where offender was under influence of **drugs**

Police Force work area	2009/10	2010/11
Lothian and Borders	10%	14%
Scotland	12.0%	13.0%

3.4.6 LOCAL ENVIRONMENT

Summary commentary:

The percentage of 15 year old pupils who have ever been offered drugs in Borders has decreased significantly in Borders and is now below Scottish average.

There has been a slight reduction in percentage of people in Borders perceiving drug misuse or dealing to be very or fairly common in their neighbourhood.

There has been an increase in the percentage of people in Borders spontaneously reporting 'alcohol abuse' as a negative aspect of their neighbourhood.

Improvement goals:

We have set an improvement goal to reduce the percentage of people perceiving drug misuse to be very or fairly common in their neighbourhood to 7.2% by March 2014

Pupils age 15 being offered drugs

(Source: SALSUS, 2006, 2010)

Percentage of 15 year old pupils who have ever been offered drugs (2006, 2010)

ADP	2006	2010
Borders	57%	40%
Scotland	53%	42%

Drug misuse in neighbourhood

Percentage of people perceiving drug misuse or dealing to be very or fairly common in their neighbourhood

ADP	2007/08	2009/10
Borders	7.9%	7.2%
Scotland	12.5%	11.6%

Alcohol abuse in neighbourhood

Source: Scottish Household Survey

Percentage of people spontaneously reporting 'alcohol abuse' as a negative aspect of their neighbourhood

ADP	2007/08	2009/10
Borders	1%	2%
Scotland	4.0%	4.0%

Within the 2010 Scottish Borders Household Survey 'People being drunk or rowdy in public places' was identified by 22% of respondents as one of the top five neighbourhood problems.

3.4.7 SERVICES

Summary commentary:

In March 2013 the percentage of Borders clients waiting for more than 3 weeks between referral to a specialist drug and alcohol service and start of treatment was significantly below the Scottish average.

Scottish Borders have over performed on the target number of Alcohol Brief Interventions delivered during 2008-2011/12.

Improvement goals:

These are covered in the Ministerial Priorities Section below

Treatment waiting times

Source: ISD, Drug and Alcohol Treatment Waiting times Database (Table 3)

Percentage of clients waiting for more than 3 weeks between referral to a specialist drug and alcohol service and start of treatment

ADP	March 2012	March 2013
Borders	7.4%	1.8%
Scotland	12.2%	5.3%

Alcohol brief interventions

Number of alcohol brief interventions delivered within priority settings (Primary Care, Antenatal Care, Emergency Department).

NHS Board	2008/09	2009/10	2010/11	2011/12	Total No. of Interventions 2008/09 - 2011/12	Target No. of Interventions 2008/09 - 2011/12
Scottish Borders	211	1,015	2,862	2,727	6,815	4,457
Scotland	30,310	55,757	88,143	97,830	272,040	210,530

4. Ministerial Priorities in 2013/14

This section outlines local improvement goals and measures ongoing for delivering Ministerial priorities for 2013-14.

Local Improvement Goals and Measures

4.1 Delivering the HEAT standard for drug and alcohol treatment waiting times.

	Number of completed waits	% seen within 3 weeks	% seen within 6 weeks	% over 6 weeks	% compliance with data requirements
Scotland	10,897	94.6	0.8	0.7	99.2
Borders	164	98.2	0.0	0.6	100.0
Local improvement goals	To ensure nobody waits longer than 6 weeks for appropriate treatment				
Activity to progress this goal	Data entry staff to be involved in HEAT A11 Steering Group. Monitoring of incidences of erroneous data. Development of nurse prescribers, this will improve business continuity.				

4.2 Delivering the HEAT standard for Alcohol Brief Interventions (ABIs).

ABI HEAT Standard Trajectories 2013-14			ABI Delivery 2012-13	
NHS Board	LDP Trajectory Total	HEAT standard Total	Total Number of Interventions 2012-13	% of Target Interventions Delivered in 2012-13
Borders	1,248	1,247	2,655	213%
Local improvement goals	To increase the number of ABI's delivered in wider settings and in antenatal setting			
Activity to progress this goal	Use the learning from implementation in Criminal Justice Social Work to support roll-out to other social work settings. Work with midwifery services and use learning from other areas to increase number of positive screening for ABI's.			

4.3 Increasing the level of compliance and the amount of data submitted to the national Scottish Drug Misuse Database (SDMD).

NHS Board	Percentage of people who are on the Substance Misuse Database who are also registered on the Drug and Alcohol Waiting Times Database
Borders	80%
Local improvement goals	To increase percentage of individuals who are on SDMD and also on DAWTD to 95% by March 2014
Activity to progress this goal	Support services to identify missing records. Compliance to be monitored by HEAT A11 Steering Group.

4.4 Improving the quality of data contained in the national Drug and Alcohol Treatment Waiting Times Database.

NHS Board	% of anonymous records on DATWTD
Borders	0%
Local improvement goals	To maintain current performance
Activity to progress this goal	No change in interventions.

4.5 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.

	Minimum number of naloxone kits to be issued in Health Board area by 31 March 2014 based on reaching a minimum of 15% of population with problem drug use, all recipients being problem opiate users
NHS Borders	87
Local improvement goals	To issue 87 Take Home Naloxone (THN) kits by March 2014
Activity to progress this goal	Reconvening of THN Steering Group, Training for Trainer planned for August, PGD updated, explore potential of pharmacists issuing kits, publicising via NEX and briefing note on Drug Related Deaths to GPs.

4.6 Developing local understandings of the prevalence and impact of new psychoactive substances.

NHS Borders	Current log maintained by ADP on admissions to wards in Borders General Hospital where NPS reported.
Local improvement goals	Improve local reporting of NPS related incidents
Activity to progress this goal	Strengthen current reporting arrangements in Borders General Hospital to include report from Emergency Department, Continue information sharing within Drug Trend Monitoring Group.

5. ADP feedback on Annual Report Process

Over this year the process of the Investment Review has allowed us to identify the areas for improvement which this self-assessment has also identified. The questions are useful as will serve as a regular focus for ensuring strong performance for the ADP.

Due to the timescales of this guidance being issued and to allow for consultation with partners we have opted not to adopt the complete template, however, we are confident that our submission includes all required data.

We would like to note that we found it challenging to incorporate the varying guidance from:

- **Funding allocations and updated planning and reporting arrangements 2013-15**
- **Template for Annual Report**
- **Quality Improvement Letter**

We would therefore hope that the reporting requirements next year are similar to this year's.

Locally we noted that there is no ministerial priority for children and young people/CAPSM.

Borders ADP will discuss the Independent Expert Review on Opioid Replacement Therapy in detail and inform Scottish Government of our plans to address the challenges it raises and the areas we have identified for further improvement. We look forward to the 'Planning for Change' event on the 8th October hosted by Scottish Government.

6 Feedback on National Support

Borders ADP have received a very high standard of national support from national agencies including Scottish Government Delivery Team, ISD, AFS, SDF, STRADA and Health Scotland colleagues. Over this year we have received very valuable guidance and practical support from Biba Brand in Scottish Government and the Quality Team in Scottish Drugs Forum to progress the work of the Investment Review.

ADP Chairs events are very useful for networking and developing strategic issues, but we would like to suggest that it may be helpful to consider a similar arrangement for ADP Officers and also for a National Licensing Forum.

Appendix 1: Recovery Outcome reporting for ADP Annual report 2012/13

This paper presents outcomes from all 5 substance misuse services in Borders. The data below is gathered from various sources, there is no joint framework for outcome reporting.

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

The three adult drug and alcohol services in the Scottish Borders currently report on recovery outcomes using different tools. During 2014 we are embedding the Star Outcome tools in substance misuse adult services to ensure more consistent reporting. From 2014, recovery outcome reporting will be consistent via Star Outcome tool for Addaction Direct Access, Big River Project and Borders Addiction Service. Addaction Family Service is planned, at this point, to continue to use a tool developed to measure progress on outcomes particular to that service.

1. Addaction

1.1. Addaction Direct Access (Adults – Alcohol only)

Addaction currently uses Star/Spider Outcome tool and is in transition between a paper system and an online system for the Direct Access service. Service users are asked to complete each domain of the Star/Spider tool by allocating a score from 1-10. The following table outlines the average progress for 117 service users.

Domain	Average Initial	Average Review	Average Progress
Alcohol	3.6	8.4	4.8
Emotional well being	4.0	6.5	2.5
Physical health	4.6	6.7	2.1
House	6.6	7.7	1.1
Family and friend relationships	5.4	7.6	2.1
Use of Time	4.6	6.9	2.3
Money	5.1	6.7	1.7
Community involvement	4.3	6.8	2.5
Offending	6.9	9.3	2.4
Job, Education and Training	5.5	7.0	1.5

1.2. Addaction Employability Service outcomes (Drugs & Alcohol):

Addaction Employability Service provides direct support to individuals to improve their employability skills and prospects. Of the 62 people supported the following outcomes have been achieved:

- 14.5% have set up an Individual Learning Account
- 24% have constructed a CV
- 11% have been supported to set up an email account
- 14.5% are in part time courses at college
- 6% are carrying out voluntary work
- 10% are in full time employment
- 8% are full time students
- 5% have been introduced to vocational training.

1.3. Addaction Family Service (Drugs & Alcohol):

Addaction Family Service provides intensive support to develop parenting skills for people with substance misuse problems. The following table outlines the average progress for 31 service users.

Domain	Average Initial	Average review	Progress
Family & Friend Relationships	5.2	6.7	1.7
Community Involvement	4.4	5.3	0.9
Home Safety	6.1	7.4	1.3
Parenting skills	5.8	7.0	1.2
Family Routines	5.9	7.4	1.5
Emotional well being	4.2	6.5	2.3
Physical Health	5.3	6.1	0.8
Self care& diet	5.1	6.5	1.4
House Job& money security	5.4	6.7	1.3
Drugs & Alcohol	4.0	6.7	2.7

2. Big River Project (Adults - Drugs Only)

The Big River Project was able to report on the following Turning Point Scotland outcomes for the 67 planned discharges from the service:

- 60% of clients reported a reduction in criminal behaviour
- 47% of clients reported improved physical health
- 59% of clients reported improved psychological health
- 71% of clients reported reduction in risk taking behaviours
- 65% of clients reported improved social functioning

- 71% of clients reported a reduction in substance use
- 42 of the planned discharges were reported as entering education/employment

3. Borders Addictions Service (Adults – Drugs & Alcohol)

- 261 service users reduced prescribing regime with 22 ceasing prescribing
- 58 service users stopped injecting
- 49 individuals completed a community alcohol detoxification and 22 completed residential detoxification
- 97 individuals stopped or reduced their alcohol intake

2 Children's Services

2.1 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:

- 35% of young carers demonstrate improved emotional well being outcomes
- 42% 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.

2.2 face2face Borders (under 18s Drugs & Alcohol)

Face2face use a system called 'Microsoft Dynamics CRM4 platform, a commissioned system designed to capture outcomes. The service was able to report the following recovery outcomes:

- average reduction in alcohol use was 72%
- 39 (35%) had stopped using substances completely.
- 58 (52%) had reduced their substance use.
- Knowledge and understanding of alcohol increased by 43%
- Knowledge and understanding of drugs increased by 57%
- Knowledge and understanding of VSA increased by 33%
- 43 young people were followed up during the year to check their progress six months after completion of their intervention. 39 of them had sustained the changes that they had made at the end of their intervention

Face2face delivered two cycles of the Strengthening Families Programme to 17 families. Positive outcomes reported included increased communication and understanding leading to improved behaviour in the young person.

