ADP ANNUAL REPORT 2018-19   (SCOTTISH BORDERS)

Document Details:

ADP Reporting Requirements 2018-19

1.   Financial framework

2.   Ministerial priorities

3.   Formal arrangements for working with local partners

Appendix 1   Feedback on this reporting template.

In submitting this completed Annual Report we are confirming that this has been signed off by both the ADP Chair and Integrated Authority Chief Officer.

The Scottish Government copy should be sent by **30 September 2019** for the attention of Amanda Adams to: alcoholanddrugdelivery@gov.scot copied to Amanda.adams@gov.scot

1. FINANCIAL FRAMEWORK - 2018-19

Your report should identify all sources of income (excluding Programme for Government funding) that the ADP has received, alongside the funding that you have spent to deliver the priorities set out in your local plan. It would be helpful to distinguish appropriately between your own core income and contributions from other ADP Partners. It is helpful to see the expenditure on alcohol and drug prevention, treatment & recovery support services as well as dealing with the consequences of problem alcohol and drug use in your locality. You should also highlight any underspend and proposals on future use of any such monies.

A) Total Income from all sources

Funding Source (If a breakdown is not possible please show as a total)	preventing and reducing alcohol and drug use, harm and related deaths
Scottish Government funding via NHS Board baseline allocation to Integration Authority	£1,049,582 allocation
Additional funding from Integration Authority (excludes Programme for Government Funding)	£0
Funding from Local Authority	£164,945
Funding from NHS (excluding NHS Board baseline allocation from Scottish Government)	£124,459
Total Funding from other sources not detailed above	£25,000
Carry forwards	£52,000
Total (A)	**£1,415,986**

B) Total Expenditure from sources

	preventing and reducing alcohol and drug use, harm and related deaths
Prevention (include community focussed, early years, educational inputs/media, young people, licensing objectives, ABIs)	£108,924
Treatment & Recovery Support Services (include interventions focussed around treatment for alcohol and drug dependence)	£1,064,783
Dealing with consequences of problem alcohol and drug use in ADP locality	£180,962
Total (B)	**£1,363,162**

C) 2018-19 Total Underspend from all sources: (A-B)

Income (A)	Expenditure (B)	Under/Overspend
£1,415,986	£1,363,162	£52,824

D) 2018-19 End Year Balance from Scottish Government earmarked allocations (through NHS Board Baseline)

	* Income £	Expenditure £	End Year Balance £
2018-19 investment for preventing and reducing alcohol and drug use, harm and related deaths	£1,074,582	£1,021,758	£52,824
Carry-forward of Scottish Government investment from previous year (s)	£52,000	£52,000	

Note: * The income figure for Scottish Government should match the figure given in table (a), unless there is a carry forward element of Scottish Government investment from the previous year.

2. MINISTERIAL PRIORITIES

Please describe in bullet point format your local Improvement goals and measures for delivery in the following areas during 2018-19:

PRIORITY	*IMPROVEMENT GOAL 2018-19 This should include your percentage target for each priority area where applicable.	PROGRESS UPDATE Maximum of 300 words for each priority. This should include percentage of delivery against target	ADDITIONAL INFORMATION Maximum of 150 words
1. Preparing Local Systems to Comply with the new Drug & Alcohol Information System (DAISy)	All identified staff trained in DAISy and implementation plan delivered by April 2019 – not achievable due to slippage in national timescales.	• Borders ADP has continued to work with services in anticipation of DAISy • Continued to attend the national DAISy implementation group and regular updates have been provided to all services involved which is overseen by the local Data & Performance Group. • Anonymous records have been reduced to 0%. • Services continue to improve on compliance with SDMD. The number of initial assessments completed on SDMD equated to 95% of new people starting treatment recorded on Waiting Times database. This will never be exactly 100% due to separate systems and timing.	
2. Tackling drug and alcohol related deaths (DRD & ARD)/risks in your local ADP area. Which includes - Increasing the reach and coverage of the national naloxone programme for people at risk of opiate overdose, including those on release from	To supply 27 first time naloxone kits for 2018/19.	Naloxone: • 38 first time naloxone kits (141%) and 107 resupplies were issued in 2018-19 • 2 Training for Trainers events on provision of naloxone with 7 attendeess. • Four festive naloxone drop-ins provided.	Take Home Naloxone has been provided to 70% of people with problem drug use. A further target of 28 first supplies

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prison and continued development of a whole population approach which targets harder to reach groups and focuses on communities where deprivation is greatest.	Short life working group to review service responses to increase in DRD incl: - review of Risk assessments - review of potential barriers to accessing serviced - audit of adult concern forms.	DRD: • Annual report produced and presented at the Critical Services Oversight Group (CSOG) • Short life working group carried out specific review to increased drug deaths. No apparent 'missed opportunities' or areas of concern were noted. • Information collated to identify learning from the case reviews and contribute to the National Drug-related Deaths Database. • DRD briefing sheet provided to 186 delegates attending all ADP training events • 7 overdose awareness sessions provided to 36 multi-agency staff **Whole Population** • Supported Scottish Borders Council in production of consultation materials for Alcohol in Public Places Consultation	to be provided within 2019-20 has been set which would equate to 75% of our estimated prevalence. **Local Drug Trend Monitoring Group:** This group continues to meet to share intelligence regarding emerging trends of drugs/alcohol use and related harm. Briefings on Alprazolam and Botulism and information on reclassification of Gabapentin and Botulism have been circulated through the Drug Trend Monitoring Group.
	Contribute to the review of Substance Misuse Policy in Schools.	• Review of current drug, alcohol and tobacco prevention programme completed. Work commenced on new resource pack with support from Crew - due November 2019. Policy being updated	
	Continue to support licensing objectives by participating in the Local Licensing Forum (LLF)	• Presentation delivered to Galashiels Learning Community to support involvement with Licensing. Training	

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		planned in September 2019 based on AFS community toolkit.	
		• Participated in research being carried out by University of Stirling on examining the impact of alcohol licensing in Scotland and England.	
		• Borders ADP continue to represent Public Health on the Local Licensing Forum and monitor any new licence applications/variations to ensure compliance with Licensing Objectives.	
		• Press releases/Social media in relation to FASD, 'Dry January', Responsible drinking and Count 14 issued. Display stands to promote Count 14 held in hospital and council reception.	
	90% of individuals start treatment within three week of referral No one waits longer than 6 weeks to start treatment	• **Waiting Times:** 95% of individuals started treatment within three week of referral (n=496/472). 1 client waited 6 weeks to start treatment in 2018-19.	
	100% Compliance from all services completing Drug & Alcohol Waiting Times	• 100% Compliance from all services completing Drug & Alcohol Waiting Times	

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	1312 Alcohol Brief Interventions to be delivered with 80% in priority settings	• **ABI:** 579 individuals (44% of target) received an alcohol brief intervention with 29% delivered in priority settings and 71% in wider settings.	**ABI:** New areas of development included Health Visitors and Adult Social Work Teams. Reinstatement of Local Enhanced Service in Primary care currently being explored (reinstated Autumn 2019).
3. Ensuring a proactive and planned approach to responding to the needs of prisoners affected by problem drug and alcohol use and their associated through care arrangements, including women	Provide direct alcohol and drug support and guidance to women within the justice system or vulnerable and or at risk of entering the system.	• Justice Service undertook enquiry with services users regarding barriers to accessing services Service users report to being aware of the availability of local services in Scottish Borders however identify that referrals are not of assistance, when they are " not ready to engage ". • ADP Support Team is a member of the local Community Justice Board.	

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		• Justice Service manager is a member of the Drug Death Review Group. • ADP Training calendar continues to be circulated for Criminal Justice inclusion. • Colleagues from Addaction engage in the Re - Connect Woman's group though inclusion on a partner workshop rota. • Voluntary and Statutory Supervision delivers within an established pathway linking, prison and community based throughcare officers with alcohol and drug support services to ensure support opportunities are available to all service users	
4. Continued implementation of improvement activity at a local level, based on the individualised recommendations within the Care Inspectorate Report, which examined local implementation of the *Quality Principles.*	Continue to implement areas for improvement based on feedback from Care Inspectorate.	**Quality Principles** • Quality assurance of decision making within case files considered as part of NHS Patient Centred Coaching Tool and reviewed in supervision. Similar approach in place in third sector. • ADP are working with NHS and SBC colleagues to review current adult advocacy provision. • A review of Children Affected by Parental Substance (Mis)use (CAPSM) guidelines took place and new parental screening tool circulated.	

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	Review of psychological interventions (LPASS report) and audit of staff in alcohol and drugs services training to be completed.	• New Community Engagement Service commissioned which includes Service User involvement in ADP. • Families Needs Assessment commissioned – findings event in October 2019. • **Substance misuse services:** review of psychological interventions report and audit of staff in alcohol and drug services training in psychological therapies completed. • **Psychological Interventions:** An additional nurse in Borders Addiction Service was trained to deliver Core Skills Coaching (for CBT-based relapse prevention) and is co-facilitating a year-long run of practice development group with Addaction, for both NHS and third sector addictions staff. Clinical Psychologist providing formal consultancy slots at third sector partner agency • **Trauma Informed Practice:** An in-house trauma education workshop was delivered for NHS & Third sector partners in Autumn 2018. A trauma informed practice training day for wider partners was delivered by Scottish Drugs Forum as part of the ADP	

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		Workforce Development Programme. • **Cognitive-impairment informed work:** The Addictions Psychological Therapies Team provide a consultancy role within development of ARBD pathway; conducting neuropsychology assessments for suspected ARBD cases. • **Workforce Development**: 11 free training opportunities provided to the workforce between April 2018 and end March 2019. During this time there were 186 attendees (131 individuals). In addition 62 people were trained in Alcohol Brief Intervention by Borders Addiction Service staff over several sessions within NHS, Scottish Borders Council and Police Scotland.	

* SMART *(Specific, Measurable, Ambitious, Relevant, Time Bound)* measures where appropriate

3. FORMAL ARRANGEMENT FOR WORKING WITH LOCAL PARTNERS

What is the formal arrangement within your ADP for working with local partners including Integrated Authorities to report on the delivery of local outcomes?	Quarterly Performance Reports are reviewed by the ADP Board and Executive. Annual Reports and Delivery Plans and other associated documents are formally reported via the Community Planning Committee, Integrated Joint Board, NHS Board Executive Team. The Drug Related Death Annual Report is presented to the Critical Services Oversight Group (CSOG).

In submitting this completed Investment Plan, we are confirming that this has been signed off by both the ADP Chair and Integrated Authority Chief Officer.

APPENDIX 1:

1.   **Please provide any feedback you have on this reporting template.**