



ALCOHOL AND DRUG PARTNERSHIP ANNUAL REPORTING TO THE SCOTTISH GOVERNMENT 2021/22:

- I. Delivery progress
- II. Financial framework

This form is designed to capture your **progress during the financial year 2021/22** against the of the **Rights, Respect and Recovery strategy** including the Drug Deaths Task Force **emergency response paper** and the **Alcohol Framework 2018**. This will not reflect the totality of your work but will cover those areas which you do not already report progress against through other processes, such as the MAT Standards.

We recognise that each ADP is on a journey of improvement and it is likely that further progress has been made since 2021/22. Please note that we have opted for a tick box approach for this annual review but want to emphasise that the options provided are for ease of completion and it is not expected that every ADP will have all options in place. We have also included open text questions where you can share details of progress in more detail. Please ensure all sections are fully completed. **You should include any additional information in each section that you feel relevant to any services affected by COVID-19.**

The data provided in this form will allow us to provide updates and assurance to Scottish Ministers around ADP delivery. We do not intend to publish the completed forms on our website but encourage ADPs to publish their own submissions as a part of their annual reports, in line with good governance and transparency. All data will be shared with PHS to inform drugs policy monitoring and evaluation, and excerpts and/or summary data from the submission may be used in published reports. It should also be noted that the data provided will be available on request under freedom of information regulations.

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

The Scottish Government copy should be sent by **Friday 5 August 2022** to:
alcoholanddrugsupport@gov.scot



NAME OF ADP: **Borders ADP**

Key contact:

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I. DELIVERY PROGRESS REPORT

1. Education and Prevention

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

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

Leaflets/ take home information	Y
Posters	Y
Website/ social media	Y
Apps/webchats	Y
Events/workshops	Y
Please provide details...Introduction to Drug & Alcohol Services Training (2 hour session)	
Accessible formats (e.g. in different languages)	Y
Please provide details...Available on demand	
Other	<input type="checkbox"/>

1.2 Please provide details of any specific education or prevention campaigns or activities carried out during 2021/22(E.g. Count 14 / specific communication with people who alcohol / drugs and/or at risk).

Campaign theme	International	National	Local
General Health (Covid Vaccine)		<input type="checkbox"/>	Y
Overdose Awareness		Y	Y
Seasonal Campaigns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Criminal Justice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Youth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anti-social behaviour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reducing Stigma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexual Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Please specify...			
Peer Naloxone Provision: Pop up stands held in local communities.			



1.3 Please provide details on education and prevention measures/ services/ projects provided during the year 2021/22, specifically around drugs and alcohol(select all that apply).

Teaching materials	Y	
Youth Worker materials/training	Y	
Promotion of naloxone	Y	
Peer-led interventions	Y	
Stigma reduction	<input type="checkbox"/>	
Counselling services	<input type="checkbox"/>	
Information services	<input type="checkbox"/>	
Wellbeing services	<input type="checkbox"/>	
Youth activities (e.g. sports, art)	<input type="checkbox"/>	
Other	Y	Please provide details...

During 2021-2022, the ADP Support Team coordinated 13 training courses which were delivered online with 194 participants in attendance (130 participants in 2020-21). There were 133 participants from statutory agencies, 57 from voluntary sector and 4 from other organisations. While the shift to online delivery was made in response to the pandemic, it has benefits by allowing more accessible training by reducing travel time. A range of stakeholders including local service providers, Police Scotland, Scottish Drugs Forum, Crew, Scottish Families Affected by Drugs and Alcohol (SFAD) and NHS Ayrshire and Arran, provided training. In addition, there were 142 participants in e-learning provided by Scottish Drugs Forum.

In 2021-22 the ADP extended the Drug Trend Monitoring Group CPD events to any interested parties. These 30 – 60 min CPD events occur twice a year and provide a relevant update from Police Scotland Drug Expert Witness Unit. Staff have found these short sessions very informative and easy to attend rather than trying to find longer periods available in their diaries. Numbers attending have been high with around 30 participants at each session.

1.4 Please provide details of where these measures / services / projects were delivered.

Formal setting such as schools	<input type="checkbox"/>	
Youth Groups	<input type="checkbox"/>	
Community Learning and Development	<input type="checkbox"/>	
Via Community/third Sector partners or services	Y	
Online or by telephone	Y	
Other	<input type="checkbox"/>	Please provide details...

1.5 Was the ADP represented at the alcohol Licensing Forum?

Yes Y
No

1.6 What proportion of license applications does Public Health review and advise the Board on?

All
Most
Some Y
None



1.7 If you would like to add any additional details in response to the questions in this section on Education and Prevention, please provide them below (max 600 words).

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

Borders Alcohol Profile was updated by Borders ADP Support Team and published in August 2021. A presentation was delivered to the Licensing Board highlighting the most recent alcohol data available, good practice recommendations from the Review of Statements of Licensing Policy 2018 – 2023 (Alcohol Focus Scotland) and Alcohol Consumption and COVID – 19.

Due to lack of membership no LLF meetings have been held except the joint Licensing Board and Forum meeting in 2021/22. Scottish Borders Council colleagues are recruiting for new members in July 22.

An evaluation of the Substance Use Education programme rolled out in Primary and Secondary schools in November 2019 took place in November 21. This evaluation showed that as a result of the programme being launched just prior to COVID-19 pandemic there was a need to relaunch the programme. This was carried out in May to both Primary and Secondary schools along with specific training for Youth Work Services on the programme and an update from Crew on Drug Trends.



2. Treatment and Recovery

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

Fibro scanning	N
Alcohol related cognitive screening (e.g. for ARBD)	Y
Community alcohol detox	Y
Inpatient alcohol detox	Y
Alcohol hospital liaison	Y
Access to alcohol medication (Antabuse, Acamprase etc.)	Y
Arrangements for the delivery of alcohol brief interventions in all priority settings	Y although due to Covid-19 restrictions, ABI postponed in A&E.
Arrangements of the delivery of ABIs in non-priority settings	Y
Psychosocial counselling (Structured psychosocial intervention)	Y
Other	<input type="checkbox"/> Please provide details...



2.2 Please indicate which of the following approaches services used to involve lived experience / family members (*select all that apply*).

For people with lived experience:

Feedback/ complaints process	<input checked="" type="checkbox"/>	
Questionnaires/ surveys	<input checked="" type="checkbox"/>	
Focus groups / panels	<input checked="" type="checkbox"/>	
Lived experience group/ forum	<input checked="" type="checkbox"/>	
Board Representation within services	<input checked="" type="checkbox"/>	
Board Representation at ADP	<input checked="" type="checkbox"/>	
Other	<input type="checkbox"/>	Please provide details...

For family members:

Feedback/ complaints process	<input checked="" type="checkbox"/>	
Questionnaires/ surveys	<input checked="" type="checkbox"/>	
Focus groups / panels	<input checked="" type="checkbox"/>	
Lived experience group/ forum	<input checked="" type="checkbox"/>	
Board Representation within services	<input type="checkbox"/>	
Board Representation at ADP	<input type="checkbox"/>	
Other	<input type="checkbox"/>	Please provide details...

2.3 How do you respond to feedback received from people with lived experience, including that of family members? (max 300 words)

ADP Support team ensure that any concerns raised by people with lived experience are fed back to the appropriate staff within the Health & Social Care Partnership. The ADP Support Team regularly attend the local Lived Experience Forum. People with lived experience were involved in a service evaluation in November 2021. The findings from the SDF Service Evaluation were reported to the ADP along with copies of the report. The recommendations were presented to service managers to review and develop an action plan. A poster was developed highlighting the feedback and the actions agreed in the form of 'You Said, We Will'. ADP Support Team took this back to the Lived Experience Forum and shared with services to make available to people who do not attend the Lived Experience Forum.

2.4 Please can you set out the areas of delivery where you had effective arrangements in place to involve people with lived experience?

Planning, I.E. prioritisation and funding decisions	<input checked="" type="checkbox"/>	
Implementation, I.E. commissioning process, service design	<input checked="" type="checkbox"/>	
Scrutiny, I.E. Monitoring and Evaluation of services	<input checked="" type="checkbox"/>	
Other	<input type="checkbox"/>	Please provide details...

Please give details of any challenges (max 300 words)

Rurality is an ongoing challenge in Borders– provision of services across a dispersed population is challenging especially given our lower prevalence. Access for individuals can be limited by available transport especially outside office hours.

Stigma and confidentiality concerns for people accessing services can be heightened in a rural area due to smaller communities. This applies equally to people attending Lived Experience Forum.

A smaller population means there are fewer potential participants in Lived and Living Experience panels.



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

- a) Yes
No

b) If yes, please select all that apply:

- Peer support / mentoring
Community / Recovery cafes
Naloxone distribution
Psychosocial counselling
Job Skills support
Other Please provide details...

Funding was provided to recruit an Addiction Worker Training Post within Scottish Drugs Forum (SDF) and hosted within We Are With You (WAWY). SDF also worked alongside WAWY to continue delivering Peer Naloxone supply to people at risk of, or likely to witness and overdose. WAWY has volunteering roles for people with lived experience.

2.6 Which of these settings offered the following to the public during 2021/22? (select all that apply)

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

2.7 What protocols are in place to support people with co-occurring drug use and mental health difficulties to receive mental health care? (max 300 words)



There are no formal protocols in place, however, the Borders Addiction Service is housed within NHS Borders Mental Health directorate so there is ready opportunity for liaison. As part of our MAT 9 response we aim to appoint a band 7 Advanced Nurse Practitioner (ANP) to provide more joint working and input to adult mental health, allowing us to outreach more and offer more input where patients sit within adult and have difficulties with substances or alcohol, but do not wish for formal addictions input.

We also intend to develop a more formalised pathway that clarifies the expectations from different services for this patient group.

In addition, the ANP role will work as part of our assertive engagement team (ES Team) and allow us to provide a greater level of initial assessment and consideration of mental health needs for our hardest to reach patient group.

Is mental health support routinely available for people who use drugs or alcohol but do not have a dual diagnosis (e.g. mood disorders)?

Yes X
No

Please provide details (max 300 words)

BAS aims to offer support around mental health difficulties to all in service regardless of if they have a formal diagnosis of a mental illness. As part of the MAT 6 response all staff are being offered safety and stabilisation training and will be supported by psychology colleagues to deliver tier 2 interventions to those on their caseload. Alongside this the addictions psychology team will accept referral and offer tier 3 or 4 work as felt needed to individuals based on formulation rather than diagnosis.

A consultant psychiatrist (with from August 2022 both a higher and core psychiatric trainee) is available within BAS to offer psychiatric review and both diagnostic input and medication where needed. In addition the service has recreated and recruited to an OT post (due to start August / September 2022) to offer support to the team to take more occupational approaches as well as offer time to directly work with patients.

We are also aiming to recruit a band 7 ANP to provide a liaison role between adult mental health and the addictions service.

2.8 Please describe your local arrangements with mental health services to enable support for people with co-occurring drug use and mental health (max 300 words)

Borders is a small area and the service works closely and flexibly with colleagues from adult mental health and rehabilitation psychiatry where there are joint patients. Generally in these situations the mental health team takes the lead on decisions around care more directly relating to mental health interventions, though where it has been better for some individuals this has been lead by the BAS consultant. As part of our response to MAT 9 the service aims to appoint a band 7 ANP to provide more joint working and input to adult mental health, allowing us to outreach more and offer more input where patients sit within adult and have difficulties with substances or alcohol, but do not wish for formal addictions input. We also intend to now more to develop a more formalised pathway that clarifies the expectations from different services for this patient group.

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

Yes Y
No



2.10 Please provide a short description of the recovery communities in your area during the year 2021/22 and how they have been supported (max 300 words)

MAP Groups – Mutual Aid Partnership Groups have resumed in person but also continue to meet online for those who are unable to attend.

Serendipity Recovery Community Network – reopened in August 2021 and worked with We Are With You during September to promote Recovery Month. This halted due to further covid restrictions and, following the sale of the premises have successfully secured a new building. Serendipity is planning to resume face-to-face in August 2022.

Lived Experience Forum: This group has been meeting over the last two years on a monthly basis and is led by the Community Engagement & Peer Naloxone Coordinator, We Are With You. Within this group are people with lived and living experience including family members. A nominated representative from this group attends the ADP Board with alongside the coordinator. A member of the ADP Support Team attends each Forum.

Borders Recovery Group - This group formed in January 2022 on the back of the Lived Experience Forum. This grass roots organisation is self-managed and has been delivering a Recovery Café and music group on a weekly basis with increasing numbers of people attending. Recovery Coaching Scotland provide support around webhosting and administrative support and the group are also supported by We Are With You.

Recovery Coaching Scotland is a Community Interest Company run by people with lived experience of recovery and has successfully gained funding to deliver Recovery Coaching courses from the Mental health and Wellbeing Fund. Programmes of work in Scottish Prisons have taken place through 2021-22 and a Borders course planned for Summer 2022.

2.11 What proportion of services have adopted a trauma-informed approach during 2021/22?

- | | |
|--------------------------|-------------------------------------|
| All services | <input type="checkbox"/> |
| The majority of services | <input type="checkbox"/> |
| Some services | <input checked="" type="checkbox"/> |
| No services | <input type="checkbox"/> |

Please provide a summary of progress (max 300 words)

Over April 2021 - March 2022, there are a few examples which illustrate our services' progress towards adopting a trauma-informed approach:

i) Both the Nurse Team Manager and Consultant Psychologist attended the Scottish Trauma-Informed Leaders Training programme. Opportunities to instil the training broadly across our services has been limited by Covid prioritisation and remobilisation as well as the limitations in staff capacity to devote to this.

ii) Although the Lead Psychologist within the partnership of our 3 services has not had the capacity to lead on a trauma-informed approach being developed across our services, there was agreement in early 2022 that this post would have additional time to devote specifically to the MAT standard 10, which states "All people receive trauma-informed care." This necessary additional capacity from August 2022 will allow



the Consultant Psychologist to lead on the scoping, evaluation and service developments necessary to ensure we can meet MAT standard 10.

iii) As part of our services' approach to broadening the delivery of trauma-informed interventions, 3 members of staff within the Addiction Psychological Therapies Team (APTT) were trained as trainers by NES in Safety and Stabilisation Training in November 2021, with a view to delivering this training to all staff within our 3 drug and alcohol services in the summer of 2022.

Although the examples above point to the importance of a trauma-informed approach becoming embedded in our services but not yet explicitly established, there will be more momentum and success achievable in this regard from Summer 2022 onwards. In the meantime, there continue to be everyday examples evident of trauma-informed practice such as the presence of drop-in clinics and same-day prescribing, which offer clients approaching our services: accessibility, choice and empowerment. Similarly, each service can refer to APTT which offers clients trauma-focused psychological interventions.

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

Alcohol harms group	N
Alcohol death audits (work being supported by AFS)	N
Drug death review group	Y
Drug trend monitoring group / Early Warning System	Y
Other	<input type="checkbox"/> Please provide details...

2.13 Please provide a summary of arrangements which were in place to carry out reviews on alcohol related deaths and how lessons learned are built into practice. If none, please detail why (max 300 words)

There are no formal arrangements to undertake alcohol related deaths specifically. However, any death in service (e.g. NHS or third sector) is subject to a review and lessons learned applied to that service. Borders ADP has been unable to progress with recommendations from the AFS alcohol death audit guidance due to capacity within the ADP Support Team and requirement to implement other competing national priorities.

We will seek to commence a review this year through a Specialist Registrar in Public Health (SPR) as a standalone project as there is no local capacity to undertake this work.

2.14 Please provide a summary of arrangements which are in place to carry out reviews on drug related deaths, how lessons learned are built into practice, and if there is any oversight of these reviews from Chief Officers for Public Protection. (max 300 words)

Borders Drug Death Review Group (DDRG) meets quarterly, carry out reviews on drug related deaths and ensure liaison between agencies in efforts to introduce interventions aimed at reducing drug-related deaths at local level.

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



Borders Addictions Service also carries out separate Management Reviews following the DDRG or prior as applicable where a client is in service at time of death with actions identified where appropriate. Membership of the DDRG group includes NHS, Police, Scottish Borders Council, Drug Services and ADP Support Team. An annual report is provided to Critical Services Oversight Group (Borders' Chief Officer Group) to allow scrutiny of the process as well as the NHS Borders Clinical Governance Committee.

2.15 If you would like to add any additional details in response to the questions in this section on Treatment and Recovery, please provide them below (max 300 words).

A non-fatal overdose (NFO) pathway has been in place in Borders since May 2021 and is led by the assertive engagement team (ES Team). This pathway involves Police, Scottish Ambulance Service and Borders General Hospital staff being able to refer direct to Borders Addiction Service when someone has presented to their service having experienced a NFO.

A multiagency group led by ES Team meets twice weekly (Monday and Thursday) at 10.00am to review referrals for all people notified as having experienced an NFO and ensure any relevant actions identified are completed; ensures appropriate outreach to vulnerable individuals and aftercare including referral into drug treatment service if not currently engaged. The service aims to see people within 48 hours of referral.

There have been 130 referrals into the pathway since May 2021. There is a quarterly performance report to Borders Chief Officers' Group.

Borders participated in an audit of Residential Rehabilitation (RR) pathways in March 2021 which identified a need to review our local pathway and to include input from people with lived experience.

A consultation took place between November 2021 and January 2022 with drug and alcohol services, wider stakeholders including homelessness and people with lived experience to identify demand (where possible) and seek feedback on the current pathway. A total of 7 different stakeholder meetings were held where views were gathered for the consultation.

A workshop was held on Wednesday 23 February 2022 to share findings from the consultation work and to identify actions for improvement.

A short life working group is now taking forward the actions for improvement.

Borders has successfully implemented MAT Standards 1-5. Achieving a 'maintenance' status will require local reporting systems to be developed as there is no national solution.



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

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

- a) Yes
No

b) If yes, please select all that apply below:

Setting:	0-5	6-12	12-16	16+
Community pharmacies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diversionary Activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Third Sector services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family support services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ORT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recovery Communities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Justice services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mobile / outreach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Please provide details...				

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

- a) Yes
No

b) If yes, please select all that apply below:

Setting:	0-5	6-12	12-16	16+
Support/discussion groups	Y	Y	Y	Y
Diversionary Activities	<input type="checkbox"/>	Y	Y	Y
School outreach	N/A	Y	Y	<input type="checkbox"/>
Carer support	<input type="checkbox"/>	Y	Y	<input type="checkbox"/>
Family support services	<input type="checkbox"/>	<input type="checkbox"/>	Y	<input type="checkbox"/>
Mental health services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Information services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mobile / outreach	<input type="checkbox"/>	Y	Y	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Please provide details...				



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

Yes
No

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

The ADP Strategic Lead is a member of the local Children and Young People's Leadership Group (CYPLG) and Chair of the Commissioning Sub-group. The current Children and Young People's Integrated Services Plan for 2021-23 has four key priorities and these are relevant to children and young people impacted by their own or others' substance use: 1. Keeping children and young people safe 2. Promoting the health and well-being of all children and young people and reducing health inequalities 3. Improving the well-being and life chances for our most vulnerable children and young people 4. Raising attainment and achievement for all learners 5. Increasing participation and engagement. The Whole Family Approach audit was completed in partnership with the CYPLG and Child Protection Delivery Group.

3.4 How did services for children and young people with alcohol and/or drugs problems, change in the 2021/22 financial year?

Improved
Stayed the same
Scaled back
No longer in place

3.5 How did services for children and young people, affected by alcohol and/or drug problems of a parent / carer or other adult, change in the 2021/22 financial year?

Improved
Stayed the same
Scaled back
No longer in place

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

a) Yes
No

b) If yes, please select all that apply below:

Signposting
One to One support
Support groups
Counselling
Commissioned services
Naloxone Training
Other Please provide details...



3.7 How did services for adult family members change in the 2021/22 financial year?

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

3.8 The Whole Family Approach/Family Inclusive Framework sets out our expectations for ADPs in relation to family support. Have you carried out a recent audit of your existing family provision?

Yes

a) If yes, please answer the following:

Last year SG provided an additional £3.5m to support the implementation of the framework. Please provide a breakdown and a narrative of how this was used in your area. (max 300 words)

- Additional funding to Action for Children CHIMES service £42,646
- Additional funding to We Are With You £31,500

CHIMES is the service in Borders that provides support to young people under the age of 18 who are impacted by parental/carer alcohol or substance use. Additional funding was provided to CHIMES to increase capacity, engagement with appropriate services (e.g. Justice Women's Service) and ensure support is available at weekends and evenings.

WAWY is the service in Borders that provides support to people over the age of 16 who are impacted by another's drug/alcohol use. Additional funding was provided to WAWY to increase capacity and ensure support available at weekends and evenings.

An audit of support for children and young people was carried out in November 2021 which highlighted the need to increase knowledge of current support services and ensure targeted training was provided on whole family approach. Specific training is being provided through 2022 to meet this identified need.

Please detail any additional information on your progress in implementing the framework in 2020/21 (max 300 words)

Click or tap here to enter text.

b) If no, when do you plan to do this?

Click or tap here to enter text.

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

Services:	Family member in treatment	Family member not in treatment
Advice	Y	Y
Mutual aid	Y	Y
Mentoring	<input type="checkbox"/>	<input type="checkbox"/>
Social Activities	Y	Y
Personal Development	<input type="checkbox"/>	<input type="checkbox"/>



Advocacy	Y	Y
Support for victims of gender based violence	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>
Please provide details...		
WAWY provide CRAFT groups for impacted members.		
Action for Children support family members e.g. kinship carers		

4. A Public Health Approach to Justice

4.1 If you have a prison in your area, were satisfactory arrangements in place, and executed properly, to ensure ALL prisoners who are identified as at risk were provided with naloxone on liberation?

- Yes
- No
- No prison in ADP area

Please provide details on how effective the arrangements were in making this happen (max 300 words)
Click or tap here to enter text.

4.2 Has the ADP worked with community justice partners in the following ways? (select all that apply)

- | | |
|---|---|
| Information sharing | Y |
| Providing advice/ guidance | Y |
| Coordinating activities | <input type="checkbox"/> |
| Joint funding of activities | <input type="checkbox"/> |
| Access is available to non-fatal overdose pathways upon release | Y |
| Other | <input type="checkbox"/> Please provide details |

4.3 Has the ADP contributed toward community justice strategic plans (e.g. diversion from justice) in the following ways? (select all that apply)

- | | |
|-----------------------------|---|
| Information sharing | Y |
| Providing advice/ guidance | Y |
| Coordinating activities | <input type="checkbox"/> |
| Joint funding of activities | Y |
| Other | <input type="checkbox"/> Please provide details |

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

a) Upon arrest (please select all that apply)

Please provide details on what was in place and how well this was executed.....

Diversion From Prosecution



Exercise and fitness activities

Peer workers

Community workers

Other Please provide details...

Opportunities to refer people assessed as suitable for Diversion, to community support services both NHS and 3rd sector are in place.

b) Upon release from prison (please select all that apply)

Please provide details on what was in place and how well this was executed.....

Diversion From Prosecution

Exercise and fitness activities

Peer workers

Community workers

Naloxone Y

Other Please provide details...

Justice staff including Social Work and Unpaid Work are trained in the administration of Naloxone. All justice offices hold a small supply of Naloxone kits that can be issued to individuals for personal or family/partner use where there is considered high risk of overdose.

4.5 If you would like to add any additional details in response to the questions in this section on Public Health Approach to Justice, please provide them below (max 300 words).

The service has a half time Welfare Worker, funded through the Joint Health Improvement non-recurring funding and Community Justice budget. Initial funding is for 2 years. The post seeks to break down barriers of discrimination, health and social isolation to those involved in the Justice System, in order to enhance positive outcomes including reduced offending behaviour, social inclusion and enhanced healthy living opportunities.

As part of a restructure of Drug Treatment and Testing Order (DTTO) delivery, the post holder utilises an additional 7 permanent hours to support individuals subject to DTTO, who require generic mental health support while awaiting specialist mental health provision.



II. FINANCIAL FRAMEWORK 2021/22 (Should be completed by Chief Financial Officer)

Your report should identify all sources of income (excluding Programme for Government funding) that the ADP has received, alongside the funding that you have spent to deliver the priorities set out in your local plan. It would be helpful to distinguish appropriately between your own core income and contributions from other ADP Partners.

It is helpful to see the expenditure on alcohol and drug prevention, treatment & recovery support services as well as dealing with the consequences of problem alcohol and drug use in your locality. You should also highlight any underspend and proposals on future use of any such monies.

A) Total Income from all sources

Funding Source (If a breakdown is not possible please show as a total)	£
Scottish Government funding via NHS Board baseline allocation to Integration Authority	1,062,749
2021/22 Programme for Government Funding and National Mission Funding	868,558
Additional funding from Integration Authority	0
Funding from Local Authority	212,979
Funding from NHS Board*	524,415
Total funding from other sources not detailed above	191,539
Carry forwards	433,202
Other	0
Total	3,293,422

* provisional figure subject to final calculations

B) Total Expenditure from all sources

	£
Prevention including educational inputs, licensing objectives, Alcohol Brief Interventions)	26,575
Community based treatment and recovery services for adults*	1,627,851
Inpatient detox services ¹	0
Residential rehabilitation (including placements, pathways and referrals)	40,178
Recovery community initiatives	677
Advocacy services	2,500
Services for families affected by alcohol and drug use (Whole Family Approach Framework) ²	268,354
Alcohol and drug services specifically for children and young people ³	0
Drug and Alcohol treatment and support in Primary Care	0
Outreach	257,848
Other	253,452
Total	2,581,072

provisional figure subject to final calculations

Additional Finance Comments

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

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

³ Children and young people access existing community based third sector mental health service. It is not possible to disaggregate this work from the wider overall contract.



Non-recurring spend

The following sums are committed from our ADP reserves in 2022-23:

Project	Funding
Whole Family Approach Training	£5,400
Youth Work Research	£21,850
ARBD Co-ordinator	£51,140
ADP Health Improvement Specialist (2022-2025)	£30,000
Buvidal	£40,000
Additional workforce development	£7,500
Service improvement costs (co-location, service developments)	£400,000 (est)