

Public Document Pack

COMMUNITY PLANNING STRATEGIC BOARD THURSDAY, 3RD MARCH, 2016

A MEETING of the SCOTTISH BORDERS COMMUNITY PLANNING STRATEGIC BOARD will be held in the COUNCIL CHAMBER, COUNCIL HEADQUARTERS, NEWTOWN ST BOSWELLS on THURSDAY, 3RD MARCH, 2016 at 2.00 PM

J. J. WILKINSON,
Clerk to the Council,

26 February 2016

BUSINESS		
1.	Apologies for Absence.	
2.	Order of Business.	
3.	Declarations of Interest.	
4.	Minute (Pages 1 - 8) Approve Minute of Meeting of Community Planning Strategic Board held on 26 November 2015. (Copy attached.)	2 mins
5.	Action Tracker (Pages 9 - 10) Consider Action Tracker for Strategic Board decisions. (Copy attached.)	2 mins
6.	Adaptations Presentation on adaptations through Border Care and Repair Service.	20 mins
7.	Governance of Community Planning Partnership (Pages 11 - 16) Consider discussion paper by SBC Chief Executive on proposed future governance arrangements for the Community Planning Partnership. (Copy attached.)	15 mins
8.	Reducing Inequalities for Young People Presentation by Children and Young People's Leadership partners.	15 mins
9.	Children and Young People's Leadership	
	(a) Integrated Children & Young People's Plan 2015 - 2018 Note Plan and receive an update from SBC Depute	(Pages 17 - 52) 10 mins

	Chief Executive (People) on Children & Young People's inspection; (Plan attached.)	
	(b) Commissioning Services for Children & Young People Consider report by SBC Depute Chief Executive (People) on review of Commissioning Services for Children & Young People. (Copy attached.)	(Pages 53 - 56) 10 mins
10.	Alcohol and Drugs Partnership Annual Report (Pages 57 - 110) Consider report by Joint Director of Public Health on the Borders Alcohol and Drugs Partnership Annual Report for 2014 – 15. (Copy attached.)	10 mins
11.	Health and Social Care Integration Update on progress by Chief Officer Health and Social Care.	5 mins
12.	Dates of Next Meetings <ul style="list-style-type: none"> • 9 June 2016 – 2.00 p.m. <u>Proposed dates:</u> <ul style="list-style-type: none"> • 8 September 2016 – 2.00 p.m. • 24 November 2016 – 2.00 p.m. • 2 March 2017 – 2.00 p.m. • 8 June 2017 – 2.00 p.m. 	
13.	Any Other Items Previously Circulated.	
14.	Any Other Items which the Chairman Decides are Urgent.	

NOTES

1. Timings given above are only indicative and not intended to inhibit Members' discussions.
2. Members are reminded that, if they have a pecuniary or non-pecuniary interest in any item of business coming before the meeting, that interest should be declared prior to commencement of discussion on that item. Such declaration will be recorded in the Minute of the meeting.

Membership of Board:

Councillor David Parker (Chairman)
Councillor Stuart Bell
Councillor Catriona Bhatia
Councillor Jim Brown
Mr T Burrows, Eildon Housing Association
Councillor Michael J Cook
Councillor Gordon Edgar
Mrs M. Hume, Third Sector
Chief Superintendent G. Imery, Police Scotland
Mr A. Jakimciw, Borders College
Mr A. McKinnon, Scottish Enterprise
Ms M. Peers, Berwickshire Housing Association
Mr A. Perry, Scottish Fire and Rescue
John Raine, NHS
Dr D. Steele, NHS Borders
Ms R. Stenhouse, Waverley Housing
Councillor Simon Mountford, Scottish Border Housing Association

Copies also sent for information to:-

Scottish Borders Council - Ms T. Logan, Chief Executive; Mr P. Barr, Depute Chief Executive (Place); Mrs J. McDiarmid, Depute Chief Executive (People); Mr E. Baijal, Joint Director of Public Health, SBC/NHS; Mr R. Dickson, Director Corporate Transformation and Services; Mr D. Robertson, Chief Financial Officer.
Scottish Enterprise - Mr D. Rennie
Police Scotland - Chief Inspector A. McLean
Scottish Fire & Rescue – Mr A. Girrity
NHS Borders – Ms J. Davidson, Chief Executive
SESTRAN - Mr A. Macaulay, Partnership Director
Borders College – Mrs L. McIntyre, Principal
Scottish Borders Community Development Co – Ms M. Walker, Executive Officer
Berwickshire Housing Association – Ms H. Forsyth, Chief Executive
Eildon Housing Association – Mr N. Istephan, Chief Executive
SBHA – Mrs J. Mulloy, Chief Executive
Waverley Housing – Ms M. Ross, Chief Executive

Please direct any enquiries to Jenny Wilkinson
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SCOTTISH BORDERS
COMMUNITY PLANNING STRATEGIC BOARD

MINUTE of MEETING of the
COMMUNITY PLANNING
STRATEGIC BOARD held in the
Council Chamber, Council
Headquarters, Newtown St
Boswells on 26 November 2015 at
2.00pm.

Present:- Councillors D. Parker (Chairman), S. Bell, C. Bhatia; Councillor G. Edgar (SESTRAN); Mrs M. Hume (3rd Sector Interface); Chief Superintendent G. Imery (Police Scotland); Mr T. Jakimciw (Borders College); Mr A. McKinnon (Scottish Enterprise); Councillor S. Mountford (SBHA); Mr A. Perry (Scottish Fire and Rescue Service); Mr J. Raine and Dr D. Steele (NHS Borders); Ms R. Stenhouse (Waverley Housing).

Apologies:- Councillors J. Brown and M. Cook; Mr T. Burrows (Eildon Housing).

In Attendance:- Ms J. Davidson (NHS Borders Chief Executive); Mr R. Dickson (SBC Corporate Transformation and Services Director); Ms T. Logan (SBC Chief Executive), Mrs J. McDiarmid (SBC Depute Chief Executive [People]); Mr T. Patterson (Joint Director of Public Health – SBC/NHS); Mr D. Scott (SBC), Ms S. Smith (SBC), Clerk to Council.

1. **MINUTE**

1.1 There had been circulated copies of the Minute of the Meeting held on 11 June 2015.

DECISION

APPROVED the Minute for signature by the Chairman, subject to the amendment of paragraph 13(c), replacing ‘the Improvement Service’ with ‘Voluntary Action Scotland’.

1.2 With reference to paragraph 14 of the Minute of the Meeting held on 11 June 2015, the Joint Director of Public Health gave an update on the Public Health Review. The report was currently with the Cabinet Secretary. Going forward, it was likely there would be no structural change for the Public Health function; the Community Planning Partnership was seen as pivotal for delivery of Public Health; Public Health practitioners would still be expected to provide significant and bold leadership; the roles of those in public health would include workforce development; and everyone had a public health role. The Chairman advised there would be further discussion once the report was issued.

**DECISION
NOTED.**

2. **ACTION TRACKER**

2.1 There had been circulated copies of the Action Tracker for Strategic Board decisions. With reference to the decision at paragraph 6(a) of the Minute of Meeting of 11 June 2015, that Chief Inspector McLean and SBC Depute Chief Executive People would work together to produce an Action Plan to reduce death and injury on Borders' roads, the SBC Depute Chief Executive People confirmed that this work was being taken forward by the Community Safety Unit based at the Council. The Chairman further advised that he had already written to the Scottish Government Minister and would do so again, copying Mr Raine into the draft.

**DECISION
NOTED.**

- 2.2 With reference to the decision at paragraph 12(b)(ii) of the Minute of Meeting of 11 June 2015, that officers would look at the wider context of the Community Planning Partnership and include this in the report on governance due to be considered at the next meeting of the Board, Mr Raine of NHS Borders asked when governance of the Partnership was scheduled to be discussed. The SBC Chief Executive advised that officers had considered it important to have the presentation by the Scottish Government Officer on the Community Empowerment (Scotland) Act 2015 first then to set up a specific session for the Board to consider governance.

**DECISION
NOTED that a separate meeting was to be set up to allow the Strategic Board to consider future governance arrangements.**

3. COMMUNITY EMPOWERMENT (SCOTLAND) ACT 2015

- 3.1 With reference to paragraph 7 of the Minute of Meeting of 5 March 2015, Mr Iain Murray, Policy Officer from Scottish Government, gave a presentation on the Community Empowerment (Scotland) Act 2015, and what it meant for Community Planning. The new Act gave a clear purpose to Community Planning on how public bodies would work together along with the local community to plan and act to improve local outcomes. Duties were placed on Community Planning Partnerships to act to tackle inequalities which included not only preparing a Local Outcome Improvement Plan, reviewing and reporting on progress, but also preparing locality plans for localities in which communities experienced the poorest outcomes. Further duties were also placed on public sector partners to resource the Local Outcome Improvement Plan priorities and take account of these in undertaking their own functions. The Act now contained a much more expanded list of statutory partners, with joint responsibility for governance duties placed with a number of statutory Partners, not just the Council as had previously been the case. Participation was now required with communities in design, delivery of plans and services, and performance reporting. However, legislation could not do everything and ultimately the cultures which underpinned the Community Planning Partnership would decide whether it would work or not. Other features within the Act of relevance specifically to the Community Planning Partnership included: participation requests, community right to buy, asset transfer requests, and participation in public decision making. Mr Murray confirmed that supporting statutory guidance and secondary legislation was planned by summer 2016, with different parts of the new Act likely to come into force at different times.
- 3.2 Members of the Board considered the presentation and made a number of comments. At the Third Sector conference held the previous weekend, there seemed to be an enormous gulf between what the Partnership was doing and the expectations of some community groups. Reference was made to the Vision for Eyemouth and the Peebles Masterplan which had been developed by their respective communities but not discussed by the Community Planning Partnership. These needed to be integrated going forward. In some instances it was very difficult to get residents involved in planning and decision making for their own communities, but it was also recognised that communities could only be encouraged and not forced to participate. It was also considered helpful if guidance could be issued to contextualise the role of the Partnership e.g. Colleges currently took guidance from the Scottish Funding Council regarding planning and reporting cycles, and further guidance was required on how this would be impacted. The Act would hopefully lend weight to collectively deciding as statutory partners how to resource the Partnership and act together moving forwards. Members did express concern about the delay in issuing guidance both to the Partnership and to communities themselves. The Chairman thanked Mr Murray for his presentation.

**DECISION
NOTED.**

4. REDUCING INEQUALITIES

With reference to paragraphs 4 – 6 of the Minute of Meeting of 5 March 2015, there were circulated at the meeting copies of the Draft Strategic Plan for Reducing Inequalities in the Scottish Borders 2015 - 2020. The SBC Depute Chief Executive Place gave a presentation on the Draft Plan which had drawn together all the plans and strategies in place to focus on reducing inequalities. The vision for the Community Planning Partnership was: “By 2023, quality of life will have improved for those who are currently living within our most deprived communities, through a stronger economy and through targeted partnership activity.” The 5 key themes for Inequalities in the Scottish Borders were health and wellbeing; employment and income; housing and neighbourhood; attainment, achievement and inclusion; and keeping people safe. The rural nature of the Borders and the challenges this brought was a cross cutting theme and would always be considered when examining the 5 themes. Details were given on the links from the Reducing Inequalities themes, national strategic objectives, community planning priorities, and national outcomes. The over-arching principles of Reducing Inequalities were early intervention and prevention to break the cycle of poor outcomes; working with our communities, building on the assets of individuals and communities; and ensuring that children and families’ needs were at the centre of service design and delivery. There were 6 high level outcomes and 5 key strategic outcomes detailed in the Plan, each section setting out what the key issues were; what outcomes were to be achieved; what the planned activities were to do this; and the priorities. Early years centres at Burnfoot, Langlee and Philiphaugh were mentioned along with the new centre at Eyemouth which was due to open in Spring 2016. Reference was also made to the Healthy Start project, as well as exclusions from school, positive destinations for school leavers, attainment vs deprivation, literacy and numeracy and snapshots of work in high schools. In response to a question about whether there was a specific improvement in deprived areas, or if there was a general improvement across the board, the SBC Depute Chief Executive People advised that it was too soon to tell. Assurance was also given that domestic abuse was included in the Strategic Plan in the Safer Communities section on "Keeping People Safe", led by the Manager of the Safer Communities Unit, who also was a member of the Reducing Inequalities Theme Group.

**DECISION
NOTED.**

5. COMMUNITY JUSTICE

With reference to paragraph 12 of the Minute of Meeting of 11 June 2015, there had been circulated copies of a report by the Chief Social Work Officer setting out the current transition arrangements for making the changes necessary to meet the requirements of the Community Justice Bill while building on the information provided to the June meeting of the Strategic Board. By 31 January 2016, the Scottish Borders was required to submit a Community Justice Transition Plan to the Scottish Government. Work was already underway to draft the Plan following the appointment of a Project Officer. To date, a Community Justice Board had been established, reporting through the Community Planning Strategic Board, with an agreed Constitution and Terms of Reference. Consultation and engagement activity had already commenced and would be sustained during and post transition. This formed part of the communication and marketing plan supported by a stakeholder analysis. The Community Justice Board was using analysis in the form of a Scottish Borders offender profile to aid decision making. In support of the national transition process, the Scottish Borders was acting as a test site for developing performance indicators, testing the Community Justice Authority 'Framework for the Support of Families affected by the Community Justice System', and had volunteered to work with the Criminal Justice Voluntary Sector Forum to undertake a self-evaluation exercise for the Third Sector

providers within local authorities. A project plan had been developed and was being managed through the Microsoft Project application. The membership of the Community Justice Board included representatives from NHS, Fire and Rescue Service, the Council, Skills Development Scotland, Police Scotland, and the 3rd Sector and it was important that the Community Planning Partnership was engaged with this work. It was recognised that the work of the 3rd Sector was crucial to initiatives in Community Justice, and Mrs Hume confirmed that Volunteer Centre Borders was in contact with SACRO on this issue.

**DECISION
AGREED:**

- (a) **to note the update on current transition arrangements for Community Justice; and**
- (b) **that responsibility for approving submission of the Community Justice Transition Plan was devolved to the Community Justice Board.**

6. HEALTH AND SOCIAL CARE INTEGRATION

There had been circulated copies of a paper by the Chief Officer for Health and Social Care on the second draft of the Strategic Plan for Health and Social Care Integration for discussion and consultation prior to the close of the formal consultation period on 11 December 2015. A copy of the Draft Strategic Plan 'A further conversation: working together for the best possible health and wellbeing in our communities' had also been circulated. The paper also provided an update on engagement activities, the feedback from which would inform the final version of the Plan. The Chief Officer for Health and Social Care advised the Board that the first draft of the Strategic Plan had been out for consultation earlier in the year and had received helpful responses. These had been used to make specific revisions for the 2nd draft, which had been presented at Area Forum meetings and other public meetings, as well as being cascaded to staff to get helpful feedback and comments. The Strategic Plan formed part of the legislative framework for adults in the Scottish Borders, and stated what actions would be put in place to show that the national health and wellbeing outcomes would be achieved in the area. Comments from any of the Community Planning Partners were welcome on any aspects of the Strategic Plan.

DECISION

NOTED the second draft of the Strategic Plan for Health and Social Care Integration.

7. SCOTTISH LOW CARBON ECONOMIC STRATEGY 2023 – UPDATED ACTION PLAN AND PROPOSED PERFORMANCE FRAMEWORK

With reference to paragraph 4 of the Minute of Meeting of 11 June 2015, there had been circulated copies of a report by the SBC Director Corporate Transformation and Services on progress to refresh the Action Plan and proposing a draft Performance Framework to support the monitoring of delivery of the Strategy Aims and Objectives. It was agreed when the Strategy was approved in October 2013 that the Action Plan would be reviewed regularly and the process to refresh the Action Plan began in February 2015. The refreshed Action Plan, attached as Appendix 1 to the report, involved a thorough consultation process with a range of partners. To allow effective monitoring of progress against the Aims and Objectives of the Strategy, the Performance Framework, attached as Appendix 2 to the report, had also been developed. It suggested a series of performance indicators ranging across the key objectives within the Strategy. In response to a question about what difference the Community Planning Partnership made to the Action Plan and where was the added value, the Director Corporate Transformation and Services responded that the Partnership brought a focus and speed to projects, as well as a degree of expertise, which otherwise would have been missing. This in turn shared knowledge and

experience round the Partners, specifically around skills development to encourage more training, and also established links between the different organisations.

DECISION

AGREED:

- (a) **the updated Scottish Borders Low Carbon Economic Strategy 2023 Action Plan and that implementation of the Action Plan continued to be overseen by the Economy and Low Carbon Programme Delivery Team; and**
- (b) **the draft Low Carbon Economic Strategy Performance Framework.**

8. COMMUNITY PLANNING MEMBERSHIP

There had been circulated copies of an extract from a report to the Council by the SBC Corporate Transformation and Services, containing a recommendation that the new Integrated Culture and Sport Trust became a member of the Community Planning Partnership. At its meeting on 7 October 2015, the Council had agreed to the formation of an Integrated Culture and Sport Trust with Borders Sports and Leisure Trust. There was a requirement under the Community Empowerment (Scotland) Act 2015 that sport and leisure became a statutory partner in the Community Planning Partnership, a role to be undertaken by Sport Scotland. As it was unlikely Sport Scotland had the resources to be represented on all Community Planning Partnerships across Scotland, discussions would take place to establish if it was appropriate for the new Integrated Trust to take on the statutory role with regard to sport. It was intended that the new Integrated Trust would manage the following business areas: Libraries and Information Services, Museums and Galleries Services, Archives and Local History Services, Arts Development, Heart of Hawick, Public Halls, Community Centres, Sports Development, Active Schools, and all sports facilities.

DECISION

AGREED that the new Integrated Sport and Culture Trust be adopted as a Community Planning Partner and be represented at Strategic Board level and at the Joint Delivery Team.

9. SCOTTISH BORDERS THIRD SECTOR INTERFACE PILOT COMMUNITY PLANNING IMPROVEMENT PLAN

With reference to paragraph 13 of the Minute of Meeting of 11 June 2015, Mrs Hume of the Third Sector Interface, advised that the Plan had not yet been received back. It was recognised that Community Planning Partnerships and the Third Sector were not yet coming together. The Third Sector was quite diverse and while it had connections with communities and individuals, this was often not in a recognisable overarching form. Consultations had been carried out with 616 voluntary sector organisations, with responses received from 54; and 56 Community Planning bodies, with 12 responses received. At the Voluntary Action Scotland conference the previous month it had been recognised that the online methodology used in the consultation had been poor, and in future Focus Groups would be used. Communication was crucial and locally the Third Sector did not have as high a profile other members of the Community Planning Partnership. The Sector was currently looking at how to operate more efficiently and effectively; and how to become more involved in the Theme Groups. A Third Sector Interface facilitated day was being held on 10 December to look at what needed to be done to work more effectively. The Board expressed concern about the challenges faced by the Third Sector and offered to attend the facilitated day on 10 December to show support. Mrs Hume advised of her preference for that particular day to be attended by Third Sector representatives only. The Board would therefore wait on the outcome of the day instead. The Scottish Government had recently announced a review of Third Sector Interfaces and Voluntary Action Scotland which would concentrate on value for money and the role, function, impact and effectiveness of the structure. The review was due for completion in March 2016.

DECISION

NOTED the update and that the final Improvement Plan would be presented to the Strategic Board once it was received back.

10. COMMUNITY LEARNING AND DEVELOPMENT: STRATEGIC PLAN FOR CLD IN SCOTTISH BORDERS 2015 - 18

There had been circulated copies of a report by the SBC Service Director Children and Young People updating the Board on the Community Learning and Development (CLD) Strategic Plan for 2015 – 18. The CLD Strategic Guidance for Community Planning Partnerships (2012) set out expectations on Community Planning Partnerships (CPP) to use CLD approaches to public service reform and to develop a clear framework for the planning and delivery of CLD by the Local Authority and partners. The CLD Regulations of 2013 require a three year partnership plan for CLD to be developed by the Education Authority by 1 September 2015. This Plan would be subject to scrutiny through the Local Area Network. Local CLD partnerships had been developed in each of the nine High School catchment areas. They have mapped current CLD activity, consulted with learners and community groups and developed action plans to address local priorities. There was clear synergy between the identified CLD priorities and those of the CPP's Reducing Inequalities profile. These local plans had now been rolled up to create a Borders wide Strategic Plan for CLD 2015-18 (attached as the Appendix to the report). Mr Kevin McCall, SBC Senior Team Leader, gave a short presentation on the Scottish Borders context and the process for developing the Plan. Various partners were involved and measures would be in place to check that the Plan was working. There were plans for further engagement at local level.

DECISION

AGREED to:

- (a) note that the Council would be receiving a report to approved the Community Learning and Development (CLD) Strategic Plan for 2015-18, as contained in the Appendix to the report;**
- (b) note the issues requiring further action during the lifetime of the Plan; and**
- (c) support the CLD Strategic Partnership to engage effectively with key CLD Partners, facilitating contribution to the annual planning process with members taking active role within the local area partnerships.**

11. CHILDREN & YOUNG PEOPLE'S SERVICES UPDATE – INTEGRATED SERVICES PLAN AND JOINT INSPECTION

There had been circulated copies of a report by the SBC Depute Chief Executive People updating the Board on progress with the Integrated Children and Young People's Plan and the multi-agency inspection process which was due to commence on 18 January 2016. There had been significant progress on the development of an updated multi-agency Children & Young People's Plan, which had now been agreed by all members of the Children and Young People's Leadership Group (CYPLG). The consultation on the Plan had commenced early November with activities to involve all key stakeholders including children and young people and their families. The Plan was contained in Appendix 1 to the report and Appendix 2 to the report contained details of the consultation process. The consultation was on both the NHS Borders and Council websites and the document had also been sent out to community groups, children and young people, and was on Facebook. The Plan summarised progress made over the period of the previous Plan and highlighted priorities and key actions which would be progressed over the next 3 years. The Care Inspectorate have recently advised the Chair of the Community Planning Partnership of the forthcoming planned multi-agency C&YP Inspection process to take place commencing 18 January 2016. Work was now progressing to prepare the information which would be required to be submitted in advance of the formal inspection period and to put in place the practical arrangements, which were outlined within the report. It was anticipated that, following the Inspection, the findings and recommendations from this would be received by March 2016, and a report on an action plan would be brought thereafter to the CPP Strategic Board. Preparation for the inspection was crucial and partners were working well together, with very much a partnership approach being taken.

DECISION

NOTED:

- (a) the draft Children and Young People's Plan and agreed that partners provide any feedback directly to the Children and Young People's Leadership Group; and
- (b) the Inspection timescales and processes.

12. **DATES OF NEXT MEETINGS**

There had been detailed on the agenda the dates for the next 2 meetings of the Strategic Board and proposed dates for 2016/17. It was noted that the next meeting of the Board due to be held on 3 March 2016 clashed with a Board meeting of NHS Borders.

DECISION

AGREED that the Clerk to the Council liaise with the Secretary of the NHS Borders Board regarding the 3 March 2016 meeting date.

The meeting concluded at 4.00 p.m.

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SCOTTISH BORDERS COUNCIL

ACTION SHEET

COMMUNITY PLANNING STRATEGIC BOARD - November 2012 onwards

Notes:-

1. Paragraphs Marked with a * require full Council approval before action can be taken
2. Items for which no actions are required are not included

AGENDA ITEM NO. AND TITLE	DECISION REQUIRING ACTION	ORGANISATION	RESPONSIBLE OFFICER	OUTCOME
5 March 2015				
7. Implications for Scottish Borders CPP of the Community Empowerment Scotland Bill	Para 10 - AGREED to: (a) receive further reports, once the Community Empowerment legislation had been passed, on – (i) a review of the membership of the Scottish Borders Community Planning Partnership to ensure that the potential contribution from the wider range of public services and other bodies was fully brought into the community planning process; (ii) consideration on whether the Community Planning Partnership should become an incorporated body; (iii) whether - building on the work of the 3 rd Sector - further support would be required for community groups, particularly those in more disadvantaged areas, to ensure that they could effectively engage in community planning (including influencing the services delivered in a locality), community participation requests, community right to buy, and asset transfers; (iv) how community planning partners should contribute specific resources to the Community Planning Partnership; and (v) what the proposed local outcomes improvement plan reporting process and monitoring would mean to the Scottish Borders Community Planning Partnership; (b) use the Community Engagement Framework to carry out consultation and engagement at a local level; and	SBC	Douglas Scott/ Shona Smith	Agenda item 3/3/16
	(b) use the Community Engagement Framework to carry out consultation and engagement at a local level; and	All	All	

AGENDA ITEM NO. AND TITLE	DECISION REQUIRING ACTION	ORGANISATION	RESPONSIBLE OFFICER	OUTCOME
	(c) to request the Joint Delivery Team to carry out localised costing of the impact of the Community Empowerment Bill on the Scottish Borders and feed this information into the work being carried out by Cosla.	All	David Robertson/ All	
11 June 2015				
9. Third Sector Interface Pilot Improvement Plan	<p>Para 15 - AGREED:</p> <p>(b) that additional work be undertaken regarding the priorities of function, delivery and resourcing, to ensure these were captured within the Plan;</p> <p>(d) that an amended Scottish Borders Third Sector Interface Pilot Community Planning Improvement Plan be considered at the next meeting of the Strategic Board.</p>	Third Sector	Morag Walker	Final version awaited.

KEY:	
No symbol	Deadline not reached
	Overdue
	<1 week to deadline
	Complete – items removed from tracker once noted as complete at meeting.

Community Planning Partnership Governance Review 2014/15

Discussion paper by Tracey Logan, Chair of CPP Joint Delivery Team COMMUNITY PLANNING STRATEGIC BOARD

3 March 2015

1 PURPOSE

- 1.1 **This paper presents a draft proposal for discussion that will enhance the governance arrangements for the Scottish Borders Community Planning Partnership and support the delivery of its priorities, the management of future business and the new arrangements required under the Community Empowerment (Scotland) Act 2015.**

2 AREAS FOR CONSIDERATION

- 2.1 **It is recommended that the Scottish Borders Community Planning Partnership consider and agree the proposed enhanced governance arrangements for the Scottish Borders Community Planning Partnership as detailed in Sections 5 and 6 of this paper.**

3 BACKGROUND

- 3.1 The Scottish Borders Community Planning Partnership undertook a review of governance arrangements in 2012 to reflect the requirements of the Christie Commission, the Scottish Government's response to the Christie Commission, and the COSLA review of Community Planning. It was recognised at this time that the Community Planning Partnerships (CPPs) would drive the pace of service integration, increase the focus on prevention and continuously improve public service delivery to achieve better outcomes for communities.
- 3.2 To reflect the importance of community planning in improving Scotland's public services, the Scottish Government asked the Accounts Commission to lead developmental work to prepare an audit framework, and at the end of June 2012, Scottish Borders agreed to participate in an early audit to assist the Accounts Commission and the Auditor General. The findings of the Accounts Commission were presented in the form of an Improvement Plan and the Partnership agreed to take these forward. One of the actions identified was a review of governance arrangements to be undertaken in 2014.

- 3.3 The Director of Strategy and Policy and the Communities and Partnership Manager met with each partner at the end of 2014 and discussed the following:
- Membership of the CPP, partnership working and active contribution of each partner
 - Formal committee of the Council – does it work
 - Chairmanship rotation
 - Decision making powers and process
 - Each partner's role within the CPP
- 3.4 The CPP Joint Delivery Team met on 15 December 2015 to consider the findings of the CPP governance review and the implications of the Community Empowerment (Scotland) Act 2015.

4 FINDINGS

- 4.1 There were a number of issues raised in the discussions, and these are summarised below:
- Concern re the size of the membership of the Strategic Board once the Community Empowerment (Scotland) Act 2015 is fully enacted
 - Administration and information – there was a lack of guidance for CPP members, their role and how they can be involved in active contribution
 - Level of CPP engagement with the communities of the Scottish Borders
 - Concern regarding over reliance on SBC to lead and contribute - the statutory duty currently sits with the Local Authority but how this will be shared in the future once the new duties come into force
 - How we hold each other to account, challenge and scrutinise
 - How we ensure decision making is an inclusive process
 - Lack of clarity around roles and discussion within CPP
- 4.2 As the Community Empowerment (Scotland) Act 2015 makes a number of significant changes to legislation covering community planning, these must be considered alongside the findings. The new Act provides a legal framework that will promote and encourage community empowerment and participation:

(a) Community Planning now has a statutory purpose focused on improving outcomes:

- The 2015 Act gives CPPs a statutory footing for the first time and places specific duties on CPP to act with a view to tackling inequalities of outcome across communities within their area
- The SOA will be replaced with an overarching Locality Outcomes Improvement Plan (LOIP), supported by a subset of locality plans
- The 2015 Act expands the number of public sector bodies that are subject to these duties:
 - Skills Development Scotland
 - Health & Social Care Integration Joint Board
 - Scottish Natural Heritage

- Scottish Environment Protection Agency
- Historic Environment Scotland
- A National Park Authority
- Scottish Sports Council (i.e. Sportscotland)
- VisitScotland
- The Board of Management of a regional college
- A regional strategic body in Further and Higher Education (Scotland) Act 2005

(b) Running the CPP and making sure it works effectively is now a shared enterprise with named governance partners:

- NHS Board
- SE/HIE
- Police Scotland
- Scottish Fire and Rescue Service

(c) Participation with communities lies at the heart of community planning:

- CPPs must have a particular regard to community bodies which represent those communities experiencing socio-economic disadvantage
- Statutory partner bodies must contribute funds, staff or resources to secure that participation

5 PROPOSED ARRANGEMENTS – STRATEGIC BOARD

- 5.1 To reflect the significant changes in the legislation and the findings of the CPP governance review, the CPP Joint Delivery Team would ask the Community Planning Partnership Strategic Board to consider the following:
- 5.2 The majority of members of the current CPP Strategic Board would like the Board to continue to be a formal committee of the Council.
- 5.3 The CPP Strategic Board membership will have a shift of focus to the named governance partners, and will consist of:
- Scottish Borders Council (Leader plus Elected Members)
 - NHS Borders (Chair and Vice Chair)
 - Scottish Enterprise
 - Police Scotland
 - Scottish Fire & Rescue Service
 - Borders College (Regional Chair)
 - 1 representative from Registered Social Landlords (RSL's)
 - 1 representative from Third Sector

Note: It is recognised that due to other commitments, it may not be possible for named representatives to attend all meetings, therefore substitutes (with full voting rights) will be allowed from each organisation where a named representative is absent.

- 5.4 The CPP Strategic Board will meet 3 times per year to scrutinise the progress of the Local Outcomes Improvement Plan (LOIP), the 5 Locality

Plans and to receive presentations or reports from each organisation on how they are contributing to the agreed priorities.

- 5.5 The Strategic Board will monitor and evaluate the LOIP and Locality Plans through a performance management framework (based on the current Economy & Low Carbon Framework).
- 5.6 There will be an annual planning and development day for **all** CPP partners to set the strategic direction and priorities for the Local Outcomes Improvement Plan (LOIP) based on an annual Strategic Assessment, National Priorities and other key strategic documents.
- 5.7 These agreed CPP priorities will be articulated in the corporate planning documents of all partners and accountability is demonstrated for the delivery of these priorities.

6 PROPOSED ARRANGEMENTS – CPP JOINT DELIVERY TEAM

6.1 The CPP Joint Delivery Team will continue to be accountable to the Strategic Board and will oversee the development, publication and the delivery of the LOIP and Locality Plans. It should have delegated authority from the CPP Strategic Board to direct activities, scrutinise performance, evidence change and report progress to the Board. It should also provide recommendations to the CPP on strategic issues and the allocation of partnership contribution. It will also:

- Seek the commitment of all partners to the CPP shared vision and priorities
- Ensure that new statutory partners are brought into the community planning process as reflected in the LOIP and 5 Locality Plans
- Create the LOIP and Locality Plans which will form the key documents for the CPP in regards to setting priorities for service delivery and development
- Ensure that we engage with communities in the Scottish Borders in developing the Locality Plans
- Explore what resources partners can and should contribute to the CPP to ensure forward planning and more effective spend of resources
- Report annually on performance of the partnership, the evidence of change and delivery of the LOIP and Locality Plans to the CPP Strategic Board, each of the accountable bodies of the partners, to the public within Scottish Borders and to the Scottish Government
- It will oversee and influence the strategic direction of Community Justice and the Children and Young People's Leadership Group
- Review these enhanced governance arrangements in two years

7 PROPOSED ARRANGEMENTS FOR THE CPP THEMED DELIVERY TEAMS

7.1 Accountable to the Joint Delivery Team will be a number of Themed Delivery Teams (3 currently: Economy and Low Carbon; Reducing Inequalities; and Future Services). Each of these will have delegated responsibility for the delivery of the specific priorities within the LOIP and Locality Plans:

- Will monitor performance of Strategies and Action Plans, provide evidence of change and report progress to the CPP Joint Delivery Team.

- Performance Frameworks will be developed for both the LOIP and Locality Plans based on the existing CPP Economy & Low Carbon Frameworks.
- Ensure performance is also reported to the public, relevant partners and Committees
- With **all** partners, ensure an annual development day is held in order to consult with appropriate community bodies and take account of community representation in the development of the LOIP and the 5 Locality Plans

Tracey Logan
Chair – CPP Joint Delivery Team

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Integrated Children and Young People's Plan

IN THE SCOTTISH BORDERS 2015-2018



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WORKING IN PARTNERSHIP WITH



INTEGRATED CHILDREN & YOUNG PEOPLE'S PLAN 2015-2018

FOREWORD

The Community Planning Partnership is committed to improving the wellbeing of all children and young people across the Scottish Borders. We translate this commitment into action through the work of the Children and Young People's Leadership Group which brings together partners from Scottish Borders Council, NHS Borders, Police Scotland, the Scottish Children's Reporter Administration and the voluntary sector. The Group focuses on shared priorities to deliver meaningful and sustainable improvements to the lives of all our children and young people, particularly the most vulnerable.

The planning and delivery of our services are underpinned by the principles of the United Nations Convention on the Rights of the Child (UNCRC) and contribute to the Community Planning Partnership (CPP) Single Outcome Agreement.

By embedding 'Getting It Right For Every Child' (GIRFEC), we will ensure that all our children and young people are safe, healthy, achieving, nurtured, active, respected, responsible and included achieving their unique potential and making a positive contribution to society.

Scottish Borders offers rich opportunities for children and young people to thrive and go on to be confident and successful adults. We want outcomes for all our children and young people to improve whilst closing the gap between our most deprived and least deprived families and communities, targeting resources at our most vulnerable children and young people.

A strong emphasis on developing early years services will enable us to reduce the cycles of poverty, inequalities and poor outcomes and will allow us to provide all children and young people with the best start in life, helping them to achieve their full potential within nurturing and supportive environments.

This plan builds on the achievements of the previous Children and Young People's Services Plan 2012-2015. It also sets out a vision and priorities for the future, highlighting our full commitment to work together in partnership to pursue improved outcomes for all children, young people and families.

David Parker
Chair of Community Planning Partnership



INTEGRATED CHILDREN & YOUNG PEOPLE'S PLAN 2015-2018

1. INTRODUCTION

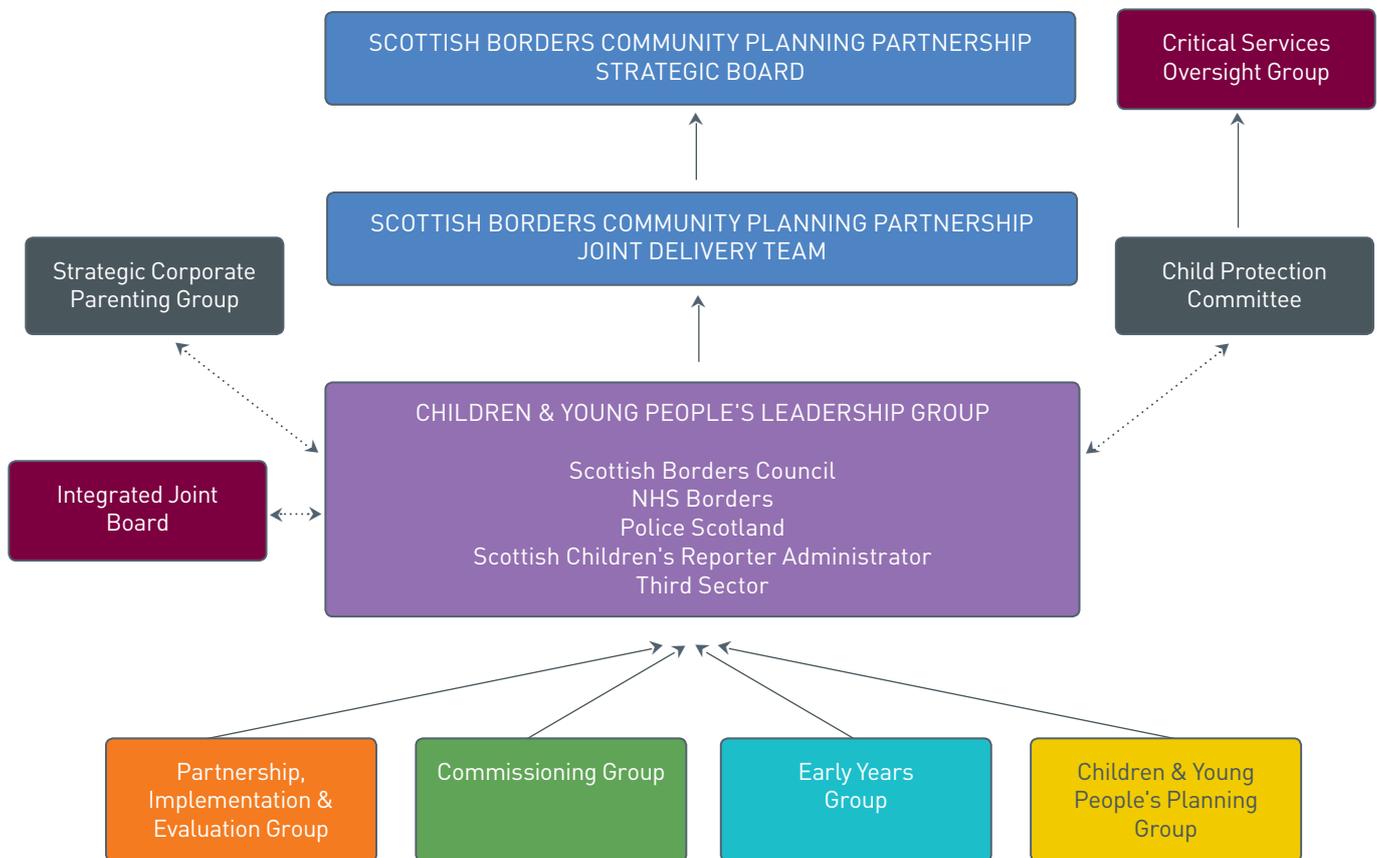
This Integrated Children & Young People's Plan (ICYPP) sets the strategic direction of service delivery to create opportunities and conditions to ensure that children and young people in the Scottish Borders have the best start in life.

The development of this ICYPP has been underpinned by the United Nations Convention on the Rights of the Child (UNCRC) legislation (the most recent of which has been the Children and Young People (Scotland) Act 2014) and a range of national policy drivers such as Curriculum for Excellence and 'Getting it Right For Every Child'. It also builds on previous multi-agency planning and service developments in the Scottish Borders. The Plan is closely aligned to the (CPP) priorities. In doing so, partners intend to make better use of available data to drive improvement and continue to develop new data sets. In addition, the Plan expresses our commitment to understanding more fully the totality of our resources and budgets for children and young people's services across the partnership and explore ways to use these more creatively and efficiently. Through the life of this Plan, we will continue to work to strengthen relationships between the public and third sectors.

The Children and Young People's Leadership Group was established in 2014 to provide strengthened cohesive strategic leadership across the CPP, building on the work of the Children and Young People's Planning Partnership. The Leadership Group is a decision making group of senior officers from the key stakeholders who deliver children and young people's services in the Scottish Borders including Scottish Borders Council, NHS Borders, Police Scotland, Scottish Children's Reporter Administration (SCRA) and the third sector. Central to the work of the group is hearing the voices of children, young people and families and ensuring that their views and experiences inform the work that we do.

Figure 1 overleaf illustrates the governance structure of the Children and Young People's Leadership Group (CYPLG).

FIGURE 1
CHILDREN & YOUNG PEOPLE'S LEADERSHIP GROUP



Key
 —> Direct oversight
> Reporting

The **Children and Young People’s Leadership Group** sets the strategic direction for the planning and delivery of services for children and young people. The Group is responsible for identifying challenges and mitigating risks associated with the implementation of the Plan. Its work is supported by a set of sub groups:

The **Early Years Group** is responsible for the Early Years Strategy and related actions to enable children to have the best possible start in life. This includes support for families before birth up to when the child is 8 years old.

The **Children and Young People’s Planning Group** is responsible for improving outcomes and reducing inequalities for all young people aged 8-18 years (25 for looked after young people).

The **Partnership, Implementation and Evaluation group** leads on the implementation of legislation that impacts on multi agency services for children and young people. It is responsible for developing and improving working practices across services.

The **Commissioning Group** leads all multi-agency commissioning activities initiated to improve outcomes for children and their families. It seeks to ensure that GIRFEC is firmly embedded within all commissions and to work in partnership and collaboratively with service providers.

INTEGRATED CHILDREN & YOUNG PEOPLE'S PLAN 2015-2018

2. STRATEGIC CONTEXT

KEY LEGISLATION AND NATIONAL POLICY

This Plan ensures that the planning and delivery of our services complies with policies, legislation and guidance across the Scottish Government. The current phased implementation of the requirements of the Children and Young People's (Scotland) Act 2014 has been particularly influential in our thinking but the legislation and policies listed in Appendix 2 provide an indication of the range of issues which need to be considered when planning future services for children, young people and families.

COMMUNITY PLANNING PARTNERSHIP PRIORITIES

In 2013, the **Community Planning Strategic Board** considered the Scottish Borders Strategic Assessment and agreed its vision for the Scottish Borders.

“ *By 2023, quality of life will have improved for those who are currently living within our most deprived communities, through a stronger economy and through targeted partnership action* ”

The Board chose 3 strategic priorities which will help drive progress towards its vision.

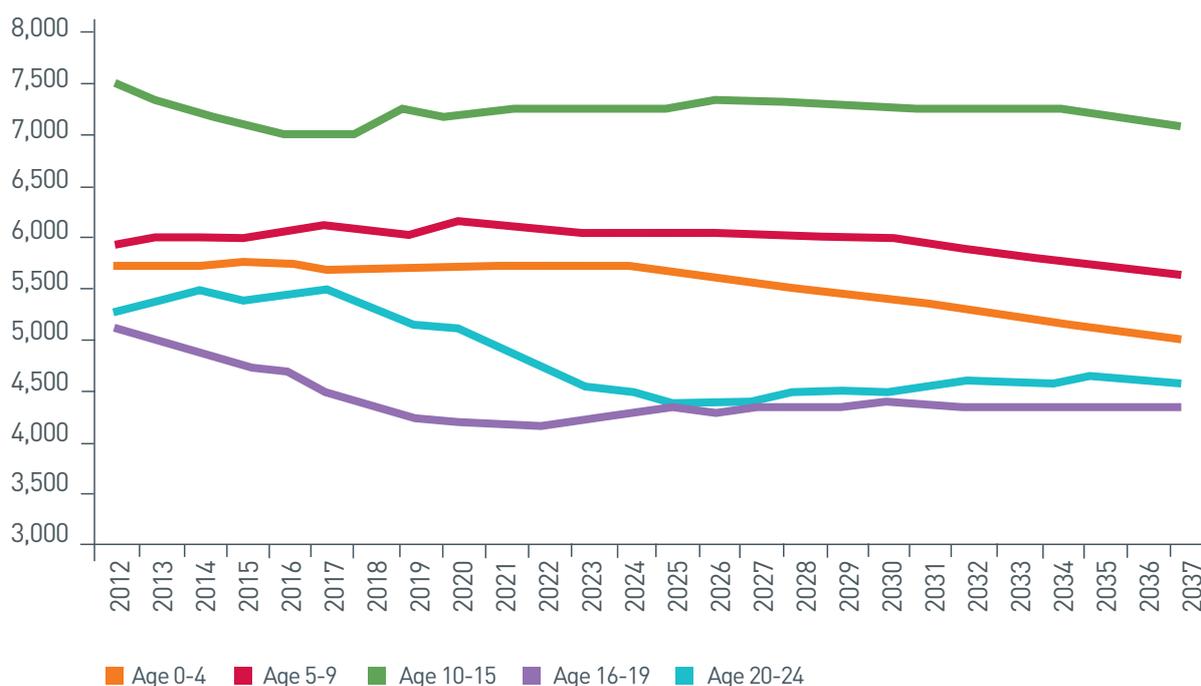
1. Grow our economy and maximise the impact from the low carbon agenda
2. Reduce inequalities
3. Reform future services

All 3 strategic priorities are applicable to the Children and Young People's Plan but the theme of **reducing inequalities** is central to supporting our aim of improving the wellbeing of all our children, young people and families.

CHILDREN & YOUNG PEOPLE POPULATION

LOCALITY	AGE GROUPS					TOTAL AGE GROUP 0-24	TOTAL POPULATION (ALL AGES)
	0-4	5-9	10-15	16-19	20-24		
Berwickshire	961	1049	1264	845	948	5067	20657
Cheviot	941	931	1136	845	826	4679	19503
Eildon	1898	1900	2281	1677	1973	9729	35190
Teviot and Liddesdale	935	857	1088	739	897	4516	17965
Tweeddale	1086	1280	1463	892	827	5548	20715
Scottish Borders	5821	6017	7232	4998	5471	29539	114030

PROJECTED CHILDREN AND YOUNG PEOPLE POPULATION FOR THE SCOTTISH BORDERS 2012-2037



Source: NRSScotland Population Projections 2012-2037

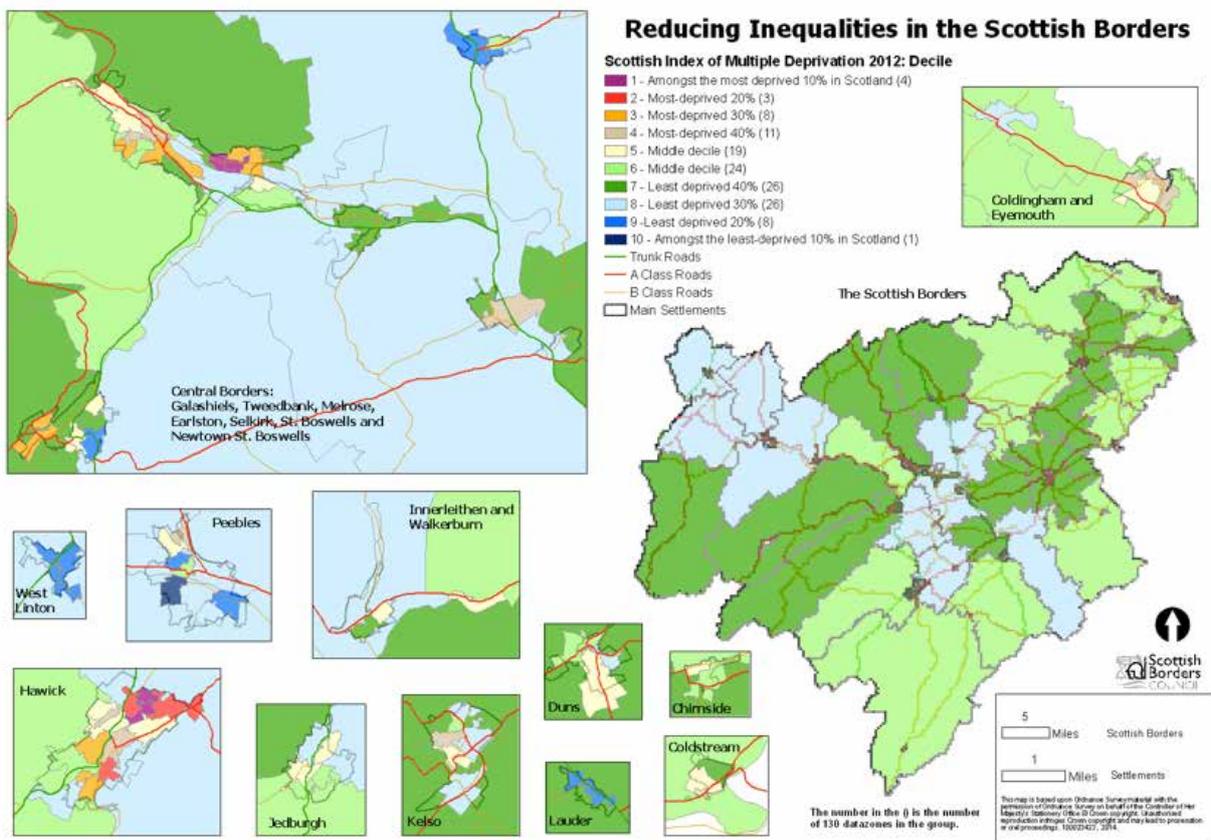
The number of young people under the age of 25 accounts for 24.4% of the Scottish Borders population. The latest projections from the National Records of Scotland (NRS) show that over the next 25 years, Scottish Borders will see no net change in population. This is due to decreased net migration and fewer births. The number of people aged under the age of 65 is expected to decrease. Working age population (16-64) is projected to decline by over 13,500 or 20%. The number of people aged 25 and under is expected to decrease by 9.8%.

INEQUALITIES IN THE SCOTTISH BORDERS

The Scottish Borders is a safe and healthy place to live when compared to other local authority and NHS Board areas. However, data indicates that there are a number of areas and key groups where significant inequalities exist and where there is a negative impact on children and young people.

The Scottish Index of Multiple Deprivation (SIMD) is the Scottish Government's official tool for identifying those places in Scotland suffering from deprivation. Of the 130 datazones¹ in the Scottish Borders, 5 are found in the 15% of the most deprived datazones in Scotland. These deprived datazones are in Galashiels and Hawick and account for 3.5% of the population of the Scottish Borders.

AREAS OF DEPRIVATION



Living in a deprived area impacts on the lives of children and young people in a variety of ways:

- Whilst rates of child poverty in the Scottish Borders are lower than Scotland as a whole (12.6% compared to 18.6% in Scotland), rates are as high as 41% in our most deprived areas
- Household incomes are below the Scottish average
- Poor educational attainment and achievement are more pronounced in areas of deprivation
- Children and young people are more at risk of poorer health and wellbeing outcomes in areas with higher levels of deprivation.

¹ The SIMD ranks small areas (called datazones) from most deprived (ranked 1) to least deprived (ranked 6,505). People using the SIMD will often focus on the datazones below a certain rank, for example, the 5%, 10%, 15% or 20% most deprived datazones in Scotland.

ATTAINMENT, ACHIEVEMENT AND INCLUSION

KEY FACTS

- The number of children and young people at school at the start of the school term in academic year 2015/2016 was 8188 in primary school and 6438 in secondary school
- In 2015, 94% of school leavers had a positive destination compared to 92% for Scotland
- Primary school and secondary school attendance is higher in the Scottish Borders compared to the Scottish average
- The overall positive trend in attendance is also reflected in our areas of highest deprivation
- There is a 4 year trend of improved attainment levels for children leaving the school system. More young people are attaining higher levels of qualification and more are being presented for formal qualifications. The range and breadth of qualification have also increased
- Scottish Borders identifies more pupils with Additional Support Needs (25%) than the national average (21%) (data sourced from Scottish Parliament Report, April 2015)
- Exclusions from school, both primary and secondary, have fallen significantly
- Achievement and participation levels are increasing with more young people gaining recognition for Duke of Edinburgh, Sports Leadership and Saltire Awards than ever before.

HEALTH

KEY FACTS

- The general health of children and young people across the Scottish Borders is good but there are some noticeable differences in a small number of deprived areas
- Uptake rates for immunisations at 24 months is 95% and for the first dose of MMR at 5 years is also 95%
- Smoking in pregnancy rates appear to be higher in the Scottish Borders than the Scottish average. Smoking rates tend to be closely associated with deprivation
- Breastfeeding rates in the Scottish Borders are higher than the average for Scotland. In 2013-14, 35.2% of babies were exclusively breastfed at 6-8 weeks compared to 26.5% for Scotland. Rates within the Scottish Borders are higher in the least deprived areas
- Over the decade to 2014, 75% of P1 children in Scottish Borders have been within a healthy weight range
- 80% of pregnant women register for ante-natal care by 12 weeks of pregnancy and this is consistent across areas of highest and lowest deprivation
- In 2013/14, 78.7% of P1 children showed no obvious signs of dental decay compared with 68.2% nationally
- In 2014/15, 92% of children offered a health and development review at 27-30 months had an assessment completed
- 16% of the children assessed at 27-30 months had at least one development concern. Speech, language and communication was the most common concern (12%)

SAFETY

KEY FACTS

- In 2013/14, 201 children were referred to the Scottish Children's Reporter, 1.05% compared with the Scottish average of 2.09%. The most common ground for referral was 'lack of parental care' and the most common age bracket for referrals was 12-15 years
- On 31st July 2014 there were 16 children in the Scottish Borders on the Child Protection Register. This is the lowest number over the last 7 years. This was lower (per 1000 population aged 0-15) than all our comparator local authorities
- Over the period July '14 – June '15, there was an average of 35 referrals per month concerning the safety of a child which were the subject of inter-agency discussion
- There was an average of 27 children on the Child Protection Register over the same time period. The most common reasons for being on the register were domestic abuse and emotional abuse.

WELLBEING AND LIFE CHANCES

KEY FACTS

- The most recent data for alcohol consumption in children and young people suggest that consumption is reducing in Scottish Borders and that there is no difference between Borders and Scotland
- In 2013, 16% of 15 year olds reported drug use in the previous year, an apparent increase on previous years. This rate is above the Scottish average although is similar to the rate for comparable local authority areas. 16% equates to 106 young people
- There has been a large drop in the proportion of pupils reporting smoking in recent years. In the 2013 SALSUS study, the proportion of S4 pupils in the Borders reporting regular smoking – 9% – is the lowest since the survey began
- Recent estimates indicate that there are in the region of 400 young carers in the Scottish Borders. An increasing number are being identified and supported
- In 2015 there were 227 children in the Scottish Borders affected by disability and or complex health needs requiring a high level of support in order to access education. A small number attend specialist provision outwith the Borders but the majority attend mainstream schools and / or support centres attached to mainstream schools
- The Scottish Borders has one of the lowest levels in Scotland of Looked After Children (0.8%) as a percentage of the child population (Age 0-17) in comparison to the National Figure (1.5%)
- There is an increasing trend of Looked After Children being cared for by a family member (32 in July 2012 and 48 in July 2015) and a decreasing trend of them being placed outwith the Scottish Borders area
- Looked After Children have improved inclusion within Primary and Secondary Schools and a higher number are going on to a positive destination.



INTEGRATED CHILDREN & YOUNG PEOPLE'S PLAN 2015-2018

3. ACHIEVEMENTS 2012-15

The CYPLG is committed to recognising and celebrating good practice and we want to build on the progress made in implementing the previous plan as we move ahead with our ambitions for 2015 – 18. The previous plan focused on a series of priority themes. The section below highlights key achievements that the Leadership Group has recognised under each of these themes.

GETTING IT RIGHT FOR EVERY CHILD

We have developed a robust set of tools and processes that underpin our work with individual children and their families. These include:

- Multi-agency guidance to ensure a consistent approach to assessment, planning and reviewing outcomes for individual children across our agencies and to facilitate information-sharing, supported by multi-agency training
- The introduction of the Wellbeing Web tool to obtain the views of children and parents/carers and contribute to the measurement of progress for a child
- Social Workers, Police Locality Integration Officers, Community Mental Health Workers and Family Support Workers meet regularly in Locality Business Meetings to share information and plan intervention with children, young people and families where there are emerging concerns.

PROMOTING CHILDREN'S RIGHTS

We have created a range of opportunities for young people to have their voice heard.

Examples include:

- Scottish Borders Council's Community, Learning and Development (CLD) Service delivers Youth Voice and Youth Chex which supports children and young people across Scottish Borders to influence decision-makers and shape services
- Work in schools towards the Rights Respecting Schools awards
- The achievement of meeting the European Association Hospital Charter status by the Children's Ward at Borders General Hospital
- Working with our partners to recognize volunteering and achievements by children and young people
- Supporting the Scottish Borders three MSYPs (Members of the Scottish Youth Parliament) who represent the constituent views of young people.

KEEPING CHILDREN SAFE

We have taken a variety of steps to keep children safe:

- In response to a finding from the “Joint Inspection of Services to Protect Children and Young People in 2011, a new health needs assessment process, using the GIRFEC wellbeing indicators was tested and rolled out for children on the Child Protection Register
- Following the launch of the national Risk Framework, a briefing pack was developed by an inter-agency group which was then disseminated through professional teams
- The views of parents who have been involved in the child protection process have been gathered through an objective external body on behalf of local partners
- An innovative set of integrated services have been established to provide support for children and young people affected by domestic abuse. We have also improved information sharing and care planning by introducing Multi Agency Risk Assessment Conferences to protect high risk victims of domestic abuse
- Following a review of drug and alcohol services, a new family oriented service was commissioned to support children and young people affected by the drug and/or alcohol use of their parents, carers, children and young people with their own substance use concerns and parents who need to address the impact of their own use on their family
- An established Partnership model of youth work delivery ensures local youth clubs are available in all of our major settlements.

EARLY YEARS

There have been significant development:

- Significant progress has been made to introduce our locality model for integrated service delivery through the Early Years Centres in four targeted areas and a wider hub and spoke approach elsewhere
- Early Years Improvement Networks continue to develop in each locality with good – and growing - multiagency support
- We have developed new ways of working to address the Key Change themes from the National Early Years Collaborative and are increasingly adopting the Plan, Do, Study, Act (PDSA) improvement methodology to facilitate change.

LOOKED AFTER AND ACCOMMODATED CHILDREN

Achievements for our looked after and accommodated children include:

- Free access to opportunities through the Borders Sport and Leisure trust has been expanded to include children and young people in kinship care along with their kinship carers and young people leaving care
- Multi-agency training focusing on meeting the needs of Looked after Children (“We Can and Must Do Better”) has been offered to a range of staff including newly qualified teachers, LAC Co-ordinators and Additional Needs Assistants as well as Foster Carers, Police Officers and Educational Psychologists
- Regular Corporate Parenting Seminars have been held to highlight the needs of looked after children and the role that we all have to play in ensuring that we provide the best possible support for these children
- A new Health Needs Assessment process has been introduced for Looked After Children.
- There has been a 33% increase in the number of foster carers from 2011 to 2015 (48 in July 2012 and 64 in July 2015)
- Our fostering and residential services have achieved improving grades in recent care inspections.

PARENTING

We have supported parents in the following way:

- A new multi-agency Parenting Framework was agreed in 2014, as the basis for ensuring a consistent approach to the provision of parenting programmes
- We have successfully introduced the Psychology of Parenting in Scottish Borders, using a multiagency delivery team
- The new Early Years Centres offer a wide range of parenting supports, programmes, family activities as well as more informal opportunities, with a range of services working together from statutory to third sector.

IMPROVED ATTAINMENT AND ACHIEVEMENT FOR ALL CHILDREN AND YOUNG PEOPLE

There has been improvement in a wide range of areas:

- 19 schools participated in the Raising Attainment for All (RAFA) national programme focused on 'Closing the Gap' in attainment, achievement and Inclusion in 2014-15. This resulted in significant individual pupil progress for approximately 300 children. All participating schools continue to use the PDSA improvement methodology and have targets set for children living in deciles 1 and 2 in the national SIMD profile
- There is a 4 year trend of improved attainment levels for children leaving our school system. More young people are attaining higher levels of qualifications and more young people are being presented for formal qualifications. The range and breadth of qualifications have also increased with the implementation of Curriculum for Excellence
- During the implementation of Curriculum for Excellence, schools have improved the quality of their curriculum to ensure that there are greater opportunities for children and young people to experience skills for learning, life and work. As a result, our positive and sustained destinations are in the top quartile nationally and demonstrate a significantly improving picture
- Our exclusion rates have reduced dramatically and attendance has improved. Schools are developing more inclusive cultures and climate supported by structures and systems which build capacity to be more responsive to the needs of our most vulnerable learners
- Our systems for our most vulnerable learners have improved. The Additional Needs Multi-agency Team (ANMaT) meets fortnightly and undertakes a quality assurance role in relation to the requirements of the Additional Support for Learning Act and wider issues with regard to children with additional support needs. Over the last 3 years, the group has tightened up the multi-agency Co-ordinated Support Planning process, provided detailed guidance packs for professional staff and promoted improved approaches for ensuring the views of children and parents are fully embedded in planning and decision-making
- Our partnership working to reduce inequalities has improved through the introduction of Learning Community Partnerships. These involve Public and Third Sector organisations in the joint analysis of local need and collaborative planning of programmes of work
- Development of robust locality-based third sector youth work infrastructure – developed through a partnership between the third sector, statutory organisations which enables young people to access a wider range of local based youth work services.

PARENTAL INVOLVEMENT

The voices of parents and carers have been heard in a number of ways:

- The views of parents and carers have been central to the design and implementation of the Early Years Centres
- A range of training has been developed to support Parent Councils to facilitate effective working with their school
- The Parent Council Chairs Forum has regular engagement sessions with senior management regarding process and policy
- There has been consultation with parents/carers in the development of Community Learning & Development Strategic Plan
- Links have been established with a key group of parents of children with disabilities and there is regular engagement and feedback.

IMPROVED HEALTH AND WELLBEING FOR CHILDREN AND YOUNG PEOPLE

Health and wellbeing has been a priority:

- A school and community-based Fit4Fun Programme on healthy eating and active living has been delivered to meet identified needs
- A mental health education pack has been developed to provide social and emotional health input in school, with accompanying training for pastoral staff in schools
- Community Mental Health Workers in the Locality Teams provide support to young people with emerging emotional and mental health issues
- Midwives in the multi-agency Early Years Assessment Team provide a range of support on healthy lifestyles for pregnant women
- A tobacco prevention programme has been rolled out in partnership with Community Learning and Development with active engagement with young people
- 7,911 children and young people (54% of the Borders P1-S6 population) took part in at least one extra-curricular physical activity programme in the last year.

TRANSITIONS 16+

We are clear that the transition to adult services should be seamless:

- We have established an Activity Agreements programme to successfully support some of our most vulnerable young people into further education
- The Child and Adolescent Mental Health Service now provides support to young people up to the age of 18
- A multi agency group has been established to improve transitions for young people with learning disabilities to ensure there is successful transition to Adult Services
- Improvements have been made to the Vulnerable Young Person Protocol and this is now included in the Child Protection Procedures in order to ensure ease of access for staff.
- Improvements in multi-agency working are supporting more vulnerable young people into positive and sustained destinations through, 16+ Modern Apprenticeship and Developing the Young Workforce
- Dedicated resources are now in each High School to deliver our senior phase strategy. This will support positive destinations for the furthest from the labour market, create local employer partnerships agreements and establish new standards for work based learning
- A strategic partnership structure is now in place to work on Piloting foundation apprenticeships and Build on the success of our School College Academy to reward increase learner pathways in the senior phase.

WORKFORCE PLANNING AND DEVELOPMENT

Our workforce should have the right skills:

- Multi-agency training and awareness raising sessions have taken place in preparation for full implementation of the GIRFEC statutory requirements in 2016. This has included briefings, training sessions, e-learning packages and newsletters for practitioners
- The Child Protection Committee has continued to provide a range of multi-agency and single agency training and awareness raising events. New programmes on Child Sexual Exploitation have included tailor-made sessions for taxi drivers, 6th year pupils, ambulance drivers and staff from Housing providers
- We have continued to develop and deliver multi-agency training on a wide range of topics such as domestic violence, substance misuse, suicide prevention and self-harm, and child nutrition.
- Multi-agency training in the Solihull approach continues to prepare our early years practitioners to support children and their families.

INTEGRATED CHILDREN & YOUNG PEOPLE'S PLAN 2015-2018

4. VISION AND PRIORITIES

This plan sets out our vision and the five key priorities for the next 3 years and beyond, establishing the foundation and direction for future plans.

OUR VISION



In pursuit of our vision, we will strive to improve the wellbeing and life chances of all our children, young people and families through the provision of high quality, integrated services. We are committed to ensuring that all our children and young people living in the Scottish Borders have a good childhood and are prepared for adulthood. This requires a strong focus on early intervention and prevention, building resilience and supporting children, young people and families to develop the skills and capabilities that enable them to navigate the challenges of modern life.

Our planning is underpinned by a set of principles in respect to how we intend to deliver services:

- Focusing on early intervention and prevention; ensuring we target families early enough
- Ensuring that children and families' needs are at the centre of service design and delivery
- Ensuring reducing inequalities is a priority across all services but that we get an appropriate balance between resourcing targeted and universal services
- Improving integrated working and focusing on combined resources
- Working with and empowering communities
- Improving outcomes for every child and their families highest achievers.

Children and young people can expect that:

we will provide them with high quality services to help give them the best possible start in life and support them to succeed as they develop into adulthood. For those children and young people who face specific challenges in their lives, we will provide targeted support. We will respect the rights of children and young people and listen to their voices.

For families this means that:

we will work in partnership with parents and carers because we believe that they know their children best and our services will be more effective if we listen to their views and include them in decisions that affect their children. Children and young people are at the centre of what we do and we will aim to get the right targeted support for parents at the earliest possible opportunity in order to provide their children with a safe and nurturing upbringing.

For everyone providing services for children and young people, this means that:

we recognise and value the knowledge, skills and commitment of our workforce. We will listen to the views of our workforce and will equip them with the development opportunities and tools to support the delivery of high quality services. We will work with our partners to support them in achieving joint goals.

For communities in the Scottish Borders, this means that:

it's everyone's business to look out for our children and young people and make them feel included and valued within their communities. We want to work with communities towards these aims.

For the Community Planning Partnership, this means that:

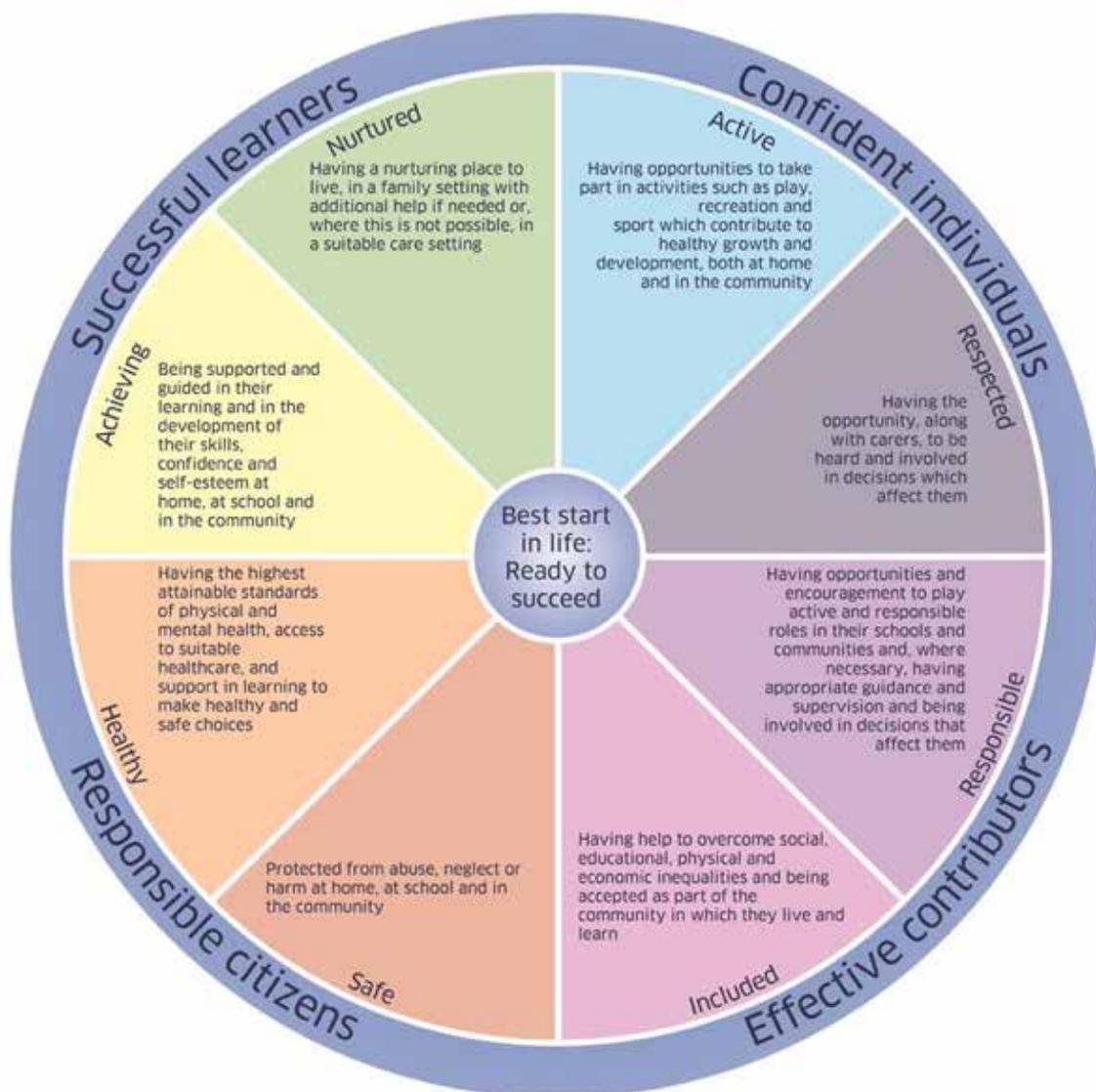
we need their ongoing support to ensure the delivery of this Plan and a commitment to keeping the needs of children, young people and their families at the centre of strategic planning in the Scottish Borders.

WELLBEING OUTCOMES

'Getting It Right For Every Child' (GIRFEC) is the multi-agency approach we have now used for a number of years to underpin our work with children, young people and families.

The national definition of **wellbeing**, now embedded in legislation, creates a common language across agencies and with children, young people and their families. This is summarised in the Wellbeing Wheel in figure 2 below. Every child and young person has the right to expect appropriate support from adults to allow them to develop as fully as possible across each of the wellbeing indicators and all agencies providing services which impact on children and young people must play their part in making sure that this happens.

FIGURE 2
WELLBEING WHEEL



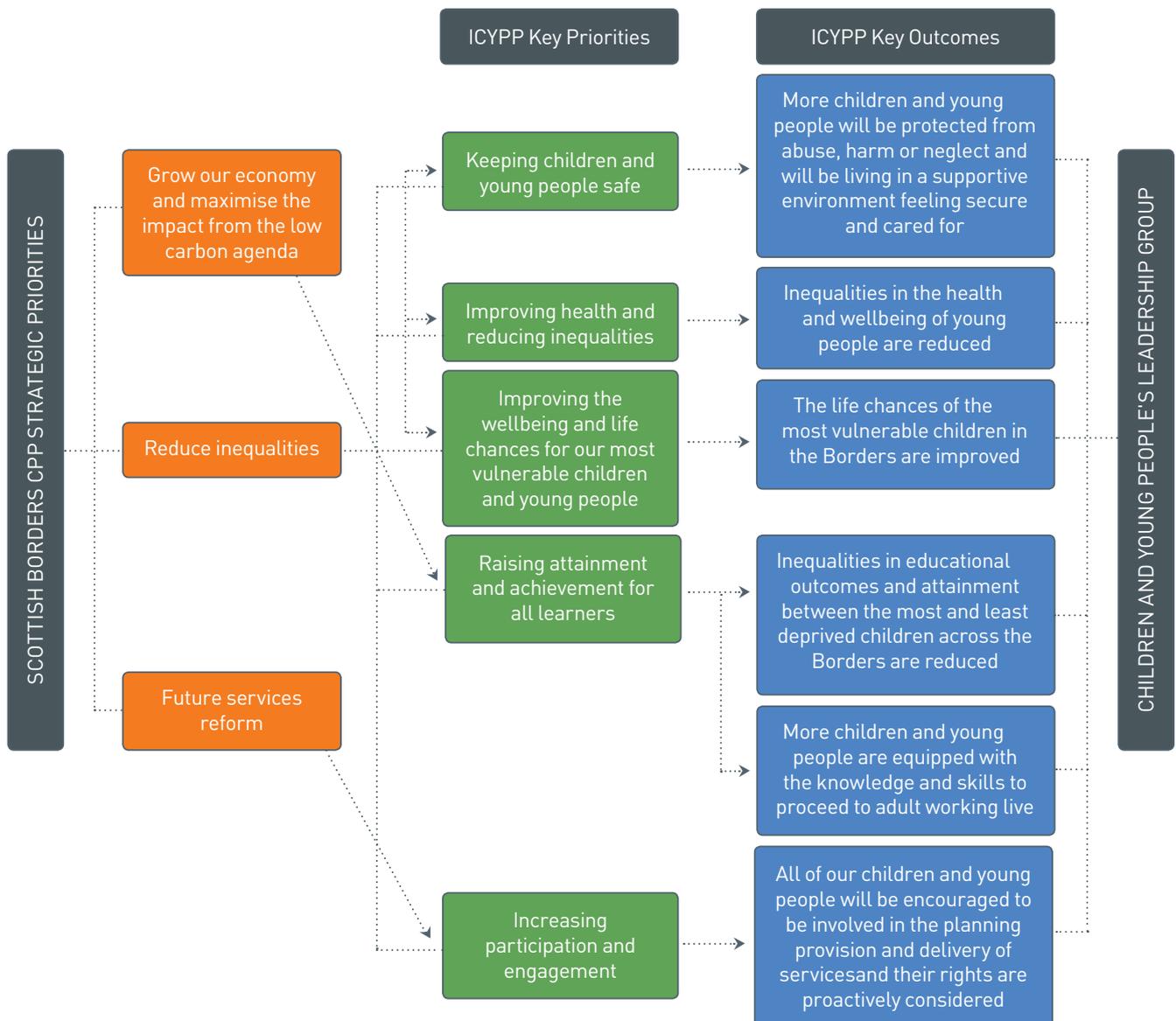
The 8 wellbeing indicators as described in the above diagram underpin the **5 key priorities** we have chosen to focus on during the lifespan of this Plan.

Our 5 Key Priorities:

1. Keeping children and young people safe
2. Promoting the health and wellbeing of all children and young people and reducing health inequalities
3. Improving the wellbeing 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 diagram below demonstrates the links between the strategic priorities of the Community Planning Partnership, our key priorities and how we aim to translate these into improved outcomes for children and young people.

OUR GOLDEN THREAD



INTEGRATED CHILDREN AND YOUNG PEOPLES PLAN 2015-2018

5. STRATEGIC OUTCOMES AND HIGH LEVEL ACTIONS

This section outlines the strategic outcomes that we aim to achieve over the lifetime of this Plan and the high level actions that are planned in order to support our ambitions for our children and young people.

PRIORITY 1

Keeping children and young people safe

OUTCOME

More children and young people will be protected from abuse, harm or neglect and will be living in a supportive environment, feeling secure and cared for.

The strategic overview of the inter-agency approach to keeping children and young people safe is undertaken by the Scottish Borders Child Protection Committee. The work undertaken is multi-faceted and includes the following; ensuring that the Child Protection procedures are regularly reviewed and updated, providing training and awareness-raising programmes to a range of staff who directly or indirectly have a role in keeping children and young people safe, rigorously monitoring and evaluating child protection services and ensuring that areas for improvement are addressed; and ensuring that the views of children, young people and parents about our services are listened to and, where appropriate, acted upon as part of our improvement planning.

However, responsibility for keeping children and young people safe does not just lie with the Child Protection Committee, the Child Protection Unit or Social Work. For all staff who work with children and young people, this is a fundamental part of their role. The protection of children is also the responsibility of all members of the public. The GIRFEC approach, enables our staff to be better able to identify risk at an earlier stage and to intervene appropriately and proportionately.

HIGH LEVEL ACTIONS FOR 2015-18

- Ensure staff are supported to develop and maintain the skills, knowledge and confidence to deliver high quality and effective child protection services
- All partners to continue to develop and deliver relevant and appropriate training
- Provide staff with awareness of Child Sexual Exploitation (CSE) to help them identify young people at risk of this form of sexual abuse
- Ensure child protection procedures are regularly reviewed and updated
- Promote the “Management of the Unseen Child Policy” and the “Bruising in non-mobile infant” policy
- Identify and support young people at risk of self-harm
- Evaluate the second year of the Multi-agency risk assessment conferences (MARACs) which were introduced in 2014
- Develop and Implement a digital safety strategy for young people across the Borders
- Help support safe and trusting environments in the youth work and voluntary sector outside school life.



PRIORITY 2

Improving Health and Reducing Health Inequalities

OUTCOME

Inequalities in the health and wellbeing of young people are reduced

Health inequalities are unfair differences in health across different social groups and between different groups of the population. These inequalities are not random or inevitable and can be addressed through partnership commitment, using evidence based approaches.

Starting well is singularly important as the first 3 years of a child's life strongly influence health and wellbeing in childhood and adulthood. Circumstances and experiences in these early years can impact on risks of long term ill health associated with obesity, conditions such as heart disease, substance misuse and poor mental health.

HIGH LEVEL ACTIONS FOR 2015-18

- Continue to develop the locality model of integrated service delivery to support families in the Early Years, using early intervention and preventive approaches
- Improve universal programmes and approaches to promote health and wellbeing to ensure they meet the needs of those at risk of poorer health outcomes
- Provide targeted support and interventions for families who are more likely to experience poor health outcomes
- Work proactively with Community Planning Partners to maximise income and resources for households with children and to promote access to employment opportunities
- Promote emotional health and wellbeing for children and young people and improve access to timely help and support when required.

PRIORITY 3

Improving the wellbeing and life chances for our most vulnerable children and young people

OUTCOME

The life chances of the most vulnerable children in the Borders are improved

In addition to focussing our attention on those children and young people in our more deprived communities, we are also committed to improving outcomes for particular groups whose circumstances places them at significant disadvantage unless specific arrangements and services are put in place for them. Examples are looked after children, children with disabilities or complex needs, young carers, young people who have offended and children with drug/alcohol problems or who are affected by parental substance misuse, domestic violence and parental mental health difficulties.

In recognition of the particular needs of these children and young people, we have specific strategies in place such as the Corporate Parenting Strategy (Looked After Children), Young Carers Strategy and Drug & Alcohol Strategy. This ensures that the particular needs of these children and young people have a consistently high profile with senior officers and arrangements and services for addressing their particular needs are subject to on-going review and revision in our drive to improve outcomes.

HIGH LEVEL ACTIONS FOR 2015-18

- Complete the roll-out of the key components of the GIRFEC approach, most notably the introduction of the Named Person Service
- Improve outcomes for Looked After Children through the implementation of the Corporate Parenting Strategy and Action Plan
- Complete implementation of the Whole Systems Approach to youth offending, including the provision of support to young offenders aged 16 and 17
- Implement the Young Carers Strategy
- Implement the elements of the Drug & Alcohol Strategy relevant to children and young people
- Ensure sustainability of support services for families experiencing Domestic Abuse
- Review the range of services and support focusing on children and young people with complex needs to ensure that provision is delivering improved outcomes
- We will improve forward planning for children and young people with additional support needs to ensure seamless transitions and there will be more partnership working with parents.

PRIORITY 4

Raising attainment and achievement for all learners

OUTCOME

Inequalities in educational outcomes and attainment between the most and the least deprived children across the Borders are reduced.

More children and young people are equipped with the knowledge and skills to proceed to adult working life.

A number of disadvantaged children in the Scottish Borders grow up without the skills needed to thrive in the long term and it is vital we do more to “close the gap” and provide all our young people with the best possible life chances as they leave school and move into the world of work or further study. We have begun to address these challenging issues and inequalities through the Raising Attainment for All (RAFA) and Early Years Collaborative activities and there is evidence that the lives of individual children and their families have changed for the better through such actions.

HIGH LEVEL ACTIONS FOR 2015-18

- Ensure that every young person leaving school in the Scottish Borders will have the offer of a job, training or further education opportunity (Implement “Developing the Young Workforce”)
- Further develop Curriculum for Excellence in all our schools
- Provide more creative and positive local opportunities for training and employment for young people
- Implement the Community Learning and Development Strategy and strengthen CLD Learning Community Partnerships
- Work in partnership with parents in all aspects of children’s learning increasing family learning opportunities to maximise the contribution of parents and carers
- Implement the Senior Phase strategy
- Implement the Corporate Parenting Strategy
- Strengthen Early Year’s Partnerships within localities
- Implement the Early Years Strategy
- Implement Inclusion for All
- Ensure all our staff experience high quality professional learning and training tailored to their individual and the service needs
- Increase the number of schools involved in the RAFA programme (from 19 to 29 in 2015-16 session)
- Work with the third sector to build skills through volunteering, enhancing the self confidence and life chances of young people
- We will work with parents/carers to support their role in preparing children for their adult

PRIORITY 5

Increasing participation and engagement

OUTCOME

All of children and Young People will be encouraged to be involved in the planning, provision and delivery of services and their rights are proactively considered

To make the necessary changes to our services, it is vital that the voices of our service users are at the heart of everything we do and the Leadership Group will ensure these views influence service development and design. In the Scottish Borders we have consulted with children, young people and their families regarding the services we provide, but we want to build on this and enable service users to work in partnership with us to help shape our services and how they are delivered.

If we are to recognise and understand the needs of children and young people, particularly those facing a range of challenges, then we need to know what these are; and this will require effective dialogue. Through utilisation of the GIRFEC approach, we will listen to children and young people and ensure they are included as key stakeholders within service delivery and their views are valued. Partners need to reinforce the positive contribution that young people can and should make to their local communities and to the wider society in which they live.

HIGH LEVEL ACTIONS FOR 2015-18

- Develop a Child Rights Strategy to support the UNCRC principles and embed them across all services
- Develop an engagement strategy for Children and Young People's services in the Borders targeted at all age ranges and groups of children and young people
- Ensure service user feedback is collected across all relevant services and as far as possible feedback is sought from the child, in addition to the whole family. Feedback and information on how it is shaping service development should be reported on appropriately.
- Work with the third sector to increase the number of volunteering opportunities available for all children and young people (including those that are vulnerable) to further develop informal and out of school learning
- Complete the implementation of Self Directed Support (SDS) for all vulnerable children and their families
- Build on existing work with the development of a Parenting Strategy, ensuring there is access to a range of consistent and age appropriate support
- Work with colleagues to develop an online solution to signpost children, young people, parents and carers to the range of services and support available across the Scottish Borders.

INTEGRATED CHILDREN AND YOUNG PEOPLES PLAN 2015-2018

6. WORKFORCE PLANNING

The organisations providing support to children, young people and families have a highly experienced, committed and caring workforce who provide a variety of services across the Scottish Borders. As a Leadership Group, we value the workforce and we will continue to invest and support staff at all levels through training, information sharing and briefing to increase skill levels and knowledge and support delivery of our priorities.

Over the last 3 years, we have developed high quality examples of multi agency training programmes and opportunities in areas such as child protection, Early Years, GIRFEC and children affected by parental substance misuse. We will continue to develop programmes where appropriate to enhance capability and ensure that we have a flexible workforce who can meet changing needs.

As decision makers, we will continue to invest and participate in national training programmes and initiatives such as the Psychology of Parenting programme and the Early Years Collaborative and our multi agency approach will maximise attendance, commitment and learning.

We will develop a joint workforce strategy to include the deployment of resources. We will also ensure our workforce, training, skills and experience support multi-disciplinary and joint working.



INTEGRATED CHILDREN & YOUNG PEOPLE'S PLAN 2015-2018

7. RESOURCING AND COMMISSIONING

We want to ensure that the best possible services are provided for children and young people. We will prioritise resources towards early years and early intervention whenever possible and we commit to working together to develop further opportunities to align our budgets in order to deliver improved outcomes for our children and young people.

To complement our universal services and provide additional support, a range of targeted services for children and young people are commissioned and delivered through statutory and voluntary services. We commit to undertaking a review of all commissioned services across the partnership to ensure that there is a collaborative approach to future commissions and there is a strong focus on delivering new priorities. We will identify the most appropriate models of delivering targeted services which will make best use of statutory, independent and third sector provision. We will also explore alternative and additional sources of funding to commission services.

We will continue to develop partnership models of service delivery to ensure the best use of resources, knowledge and expertise is utilised in meeting the needs of our children and young people.

We will develop a shared set of commissioning standards and guidelines.

INTEGRATED CHILDREN & YOUNG PEOPLE'S PLAN 2015-2018

8. ENSURING DELIVERY OF THE PLAN

The CYPLG will strive to ensure that the needs of children and young people are embedded across the CPP. To this end, the Group will take actions to increase awareness and understanding of young people's needs and raise the profile of services available, so that partners are able to consider these needs in their service planning.

The CYPLG have identified high level outcomes which are set out in this plan. The wider membership of the CYPLG sub groups are committed to working together to ensuring delivery of the priorities and detailed workplans have been created to ensure that improved outcomes for our children and young people are realised. The sub groups will report to the CYPLG at regular intervals on their respective workplans and the CYPLG will monitor progress, recognising and sharing successes and identifying solutions where required.

The CYPLG will utilise a performance and improvement framework to support implementation of the plan, ensuring that the effective use of data drives improvement and that analysis of trends across the performance indicators enables us to identify gaps and take appropriate action. The focus on performance and improvement will be underpinned with the consistent approach towards self evaluation which will be embedded across all Children and Young People's Services to ensure that services are of a high and consistent quality.

Existing strategies and protocols relating to Children and Young People across the partnership will be realigned to ensure they support the vision and priorities of this plan. A plan will be created to prioritise the development of this work. Early work to be progressed will be the Parenting Strategy and Child Rights Strategy.

INTEGRATED CHILDREN & YOUNG PEOPLE'S PLAN 2015-2018

9. FEEDBACK AND CONSULTATION

As partners we recognise the need to put into place more systematic and inclusive engagement and consultation processes with our children, young people and their families across the Scottish Borders. In the development of this plan, CYPLG and relevant services have evidenced the steps taken to consider the views of children, young people, families and staff and how these views have informed future service delivery and the overall approach to planning.

Consultation on the draft plan was launched in November 2015 and this was undertaken in the following ways:

- Wide engagement with the public in a range of venues and contexts across the Scottish Borders
- Meetings with young people
- Engagement with the third sector who work directly with our most vulnerable and disengaged individuals
- online engagement through the SBC website
- Awareness raising with staff across partner agencies
- Attending activity sessions to engage with harder to reach families
- Distributing the consultation document at a wide range of schools events
- Presenting the plan and consultation opportunity at a range of key meetings across partner agencies.

The final version of this plan reflects the results of the consultation period.

APPENDIX 1

GLOSSARY

ADP	Alcohol and Drugs Partnership
A&E	Accident and Emergency
CHS	Children's Hearings Scotland
CLD	Community Learning and Development
COSLA	Convention of Scottish Local Authorities
CPP	Scottish Borders Community Planning Partnership's
CRWIA	Child Rights and Wellbeing Impact Assessment
CYPLG	Children & Young People's Leadership Group
EEI	Early and Effective Intervention
EQIA	Equality Impact Assessment
GES	Government Economic Strategy
GIRFEC	Getting It Right for Every Child
ICYPP	The Integrated Children & Young People's Plan
LA	Local Authority
LAC	Looked After Children
LGBF	Local Government Benchmarking Framework
MARACs	Multi-agency risk assessment conferences (MARACs)
NHS	National Health Service
NRS	National Records of Scotland
PDSA	Plan, Do, Study, Act
PRS	Children's Reporter via pre-referral screening
RAFA	Raising Attainment for All
SBC	Scottish Borders Council
SCQF	Scottish Credit and Qualifications Framework
SCRA	Scottish Children's Reporter Administration
SG	Scottish Government
SIMD	Scottish Index of Multiple Deprivation
WSA	Whole Systems Approach
UNCRC	United Nations Convention on the Rights of the Child

APPENDIX 2

STRATEGIES & PLANS

NATIONAL STRATEGIES & PLANS

16+ Learning Choices: Policy and Practice Framework: supporting all young people into positive and sustained destinations

A Guide to Youth Justice in Scotland: Policy, Practice and Legislation: Centre for Youth and Criminal Justice

A Refreshed Framework for Maternity Care in Scotland (2011)

Achieving Our Potential

Better relationships, better learning, better behaviour

Better Eating Better Learning COSLA / SG 2014

Breaking the link between disadvantage and low achievement in the early years

Building the Ambition: National Practice Guidance on Early Learning and Childcare Children and Young People (Scotland) Act 2014

Changing Lives (Scottish Executive 2006)

Child Poverty Strategy for Scotland - Our Approach 2014 – 2017

Closing the Attainment Gap in Scottish Education – Joseph Roundtree Foundation

Consultation on Pregnancy and Parenthood in Young People Strategy (currently out for consultation 2015)

Creating a Tobacco Free Generation (SG 2013)

Curriculum for Excellence

Early Years Framework

The Early Years: Good Health for Every Child (2011)

Early Years Collaborative

Early Years Taskforce Shared Vision and Priorities paper (March 2012)

Equally Well

Extraordinary Lives (SWIA 2006)

Framework for Risk Assessment, Management and Evaluation (FRAME) 2011 and Care and Risk Management appendix to FRAME 2014

Getting it Right for Every Child (Scottish Executive, 2007)

Getting Our Priorities Right (Scottish Executive 2013)

Good Mental Health for All (Health Scotland 2015)

GUS, Growing up in Scotland

Health Inequalities Framework and Action Plan

Health Inequalities Policy Review (2013)

Health Inequalities Policy Review for the Scottish Ministerial Task Force on Health Inequalities: Health Scotland 2013

Looked After Children: we can and must do better (Scottish Executive 2007)

Maternal and Infant Nutrition Framework for Action

More Choices, More Chances

National Action Plan to Tackle Child Sexual Exploitation

National CLD Strategic Guidance

National Guidance for Child Protection in Scotland 2014

National Parenting Strategy
 National Youth Work Strategy 2014 – 2019 (Education Scotland)
 Opportunities for All: Supporting all young people to participate in post-16 learning, training or work
 Preventing Offending – Getting it Right for Children and Young People
 Preventing offending by young people: A Framework for action progress 2008-2011 and next steps (from 2008)
 Proposal for the development of guidance to support the GIRFEC provisions in the Children and Young People (Scotland) Act 2014
 Raising Attainment for All (8 years to 18 years)
 Scotland’s Commissioner for Children and Young People: Poverty, educational attainment and achievement in Scotland: a critical review of the literature
 Setting the Table Health Scotland 2014 (nutritional guidance and food standards in early years)
 The Right of Every Child to Good Health: Health Scotland 2015
 These are Our Bairns (Scottish Government, 2008)

LEGISLATION

Children and Young People (Scotland) Act 2014
 Additional Support for Learning Act 2004
 Children’s Hearings (Scotland) Act 2011
 Children (Scotland) Act 1995
 The ASL Act (2004) (amended 2009) and the Education Scotland (2000) Act
 The Police and Fire Reform Act 2012
 United Nations Convention on the Rights of the Child
 Social Care (Self Directed Support) (Scotland) Act 2013

LOCAL STRATEGIES & PLANS

Alcohol and Drug Strategy 2015–20
 Borders Alcohol and Drugs Partnership (ADP) Delivery Plan 2015-2018
 NHS Borders CEL 16 Plan 2014-15 (Health of Looked after Children)
 Children and Young People Business Plan 2015/16 – 2017/18
 Child Protection Business Plan 2014-2015
 Children & Young People’s Strategic Planning and Commissioning
 Children and Young People’s Health Strategy for the Scottish Borders 2013 – 2018
 Children and Young People’s Service Plan 2012-2015 (CYPPP)
 Commissioning Annual Report 2014-2015 (Children and Young People’s Leadership Group)
 Community Learning and Development BUSINESS PLAN 2014/15 – 2016/17
 Community Learning and Development Strategic Plan 2015-2018
 Corporate Parenting Strategy 2014 – 2018
 Early Year Strategy 2012-2015
 Economic Strategy 2013-2023
 Employment Support Strategy
 Framework for Positive Destinations
 Scottish Borders GIRFEC Implementation Plan (PIEG)
 Involved: The Participation of Children & Young People in the Scottish Borders 2012–2015
 Homelessness Services Delivery Plan 2012-2016
 Maternity Frameworks Action Plan

Multi-Agency Risk Assessment Conference (MARAC) Annual Report 2014/15
Physical Activity, Sport and Physical Education Strategy
Scottish Borders Parenting Strategy
Reducing Inequalities Strategy Draft 2015-2018
Senior Phase Strategy 2015
Tackling Poverty and Achieving Social Justice Strategy 2013-2018
Young Carers Strategy 2015-2018
Scottish Borders Suicide Prevention Action Plan 2014
Tobacco Control Action Plan 2015 (in draft)

PROCEDURES

Scottish Borders Child Protection Procedures
Information Sharing Guidance 2015
Parenting Framework (currently recommended Core of Programmes)
Supporting Children and Young People at Risk of Self Harm and Suicide-Scottish Borders Good Practice Guidance
NHS Borders Unseen Child Policy 2015



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CHILDREN AND YOUNG PEOPLE

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CHILDREN AND YOUNG PEOPLE'S LEADERSHIP GROUP (CYPLG) COMMISSIONING REVIEW

Report by Depute Chief Executive - People

COMMUNITY PLANNING STRATEGIC BOARD

3 March 2016

1 PURPOSE AND SUMMARY

- 1.1 This report advises the Strategic Board of the work of the Children and Young People's Leadership Group's work on a Commissioning Review of Children and Young People's services.**
- 1.2 Within the Scottish Borders, the Children and Young People's Leadership Group (CYPLG) sets the strategic direction for the integrated planning and delivery of services for children and young people. The CYPLG has produced an Integrated Children & Young People's Plan 2015-2018 which identifies key priorities. In order to plan and deliver on these key priorities, it has been agreed to undertake work to understand the totality of current spend on children and young people's services. Analysis of this budget spend will then lead on to the development of a streamlined delivery of children and young people's services; improved responses to, and outcomes for, children and young people; greater assurance that resources are targeted towards the areas of greatest need within the Strategic Plan; budget savings from increased efficiency and avoidance of duplication; and improved partnership working and the ability to level in additional resources.
- 1.3 Stakeholder involvement, including work with young people, is planned as part of the project. A detailed communications plan is being developed to this effect. In order to commence any new services from April 2017 this work will require completion by September 2016. Contracts with services currently commissioned by the CYPLG have been extended to March 2017 to allow for completion of the review.

2 RECOMMENDATIONS

- 2.1 I recommend that the Strategic Board notes the work on the Commissioning Review of Children and Young People's services.**

3 BACKGROUND AND SCOPE OF COMMISSIONING REVIEW

- 3.1 Within the Scottish Borders, the Children and Young People's Leadership Group (CYPLG) sets the strategic direction for the integrated planning and delivery of services for children and young people. The CYPLG has produced an Integrated Children & Young People's Plan 2015-2018 which identifies key priorities. In order to plan and deliver on these key priorities, it has been agreed to undertake work to understand the totality of current spend on children and young people's services. This will allow the best possible use to be made of available funding; to identify any gaps and to avoid duplication. This work will also address the expectation within the Children & Young People's (Scotland) Act 2014 as set out in part 3 of the Act.
- 3.2 The CYPLG agreed the Review should include commissioning across all services for children and young people to gain an understanding of total spend on all services with the redevelopment of the Commissioning Strategy. The Commissioning Group has met to commence this piece of work and has agreed the approach that will be taken; project management arrangements; project team members; milestones and deliverables; and timescales.

4 PROJECT DELIVERY

- 4.1 The Review will be undertaken by the CYPLG Commissioning Sub-Group (chaired by the Chief Social Work Officer) which has representation from NHS Borders, Scottish Borders Council, Alcohol and Drug Partnership, Police Scotland, and the Third Sector. The aim of the Review is to recommend a future model of commissioning for children and young people's services in the Scottish Borders which improves quality and efficiency, and reduces any duplication in provision.
- 4.2 The Group has met to commence this piece of work and the Project Initiation Document (PID) was approved at the CYPLG in January 2016 outlining project management arrangements, project team members, milestones and deliverables and timescales. The project will consider all readily identifiable budget spent on children and young people's services in the Scottish Borders. Analysis of this budget spend will then lead on to the development of a streamlined delivery of children and young people's services; improved responses to, and outcomes for, children and young people; greater assurance that resources are targeted towards the areas of greatest need within the Strategic Plan; budget savings from increased efficiency and avoidance of duplication; and improved partnership working and the ability to level in additional resources.
- 4.3 As this is a significant and complex project, with a challenging timescale for delivery, 0.4 (Whole Time Equivalent) Project Support Officer time has been committed by NHS Borders from March 2016 with additional project oversight by SBC.
- 4.4 Stakeholder involvement, including with young people, is planned as part of the project. A detailed communications plan is being developed to this effect.
- 4.5 Contracts with services currently commissioned by the CYPLG have been extended to March 2017 to allow for completion of the review.

5 PROJECT OVERVIEW

5.1 This review work will be undertaken in 7 stages, as follows:

1. Initiation –creation of PID (agreed and completed)
2. Baseline – develop a baseline finance report on the totality of existing spend, and assimilate overview of any current identified needs assessments. Map finance to CYPLG Service Plan (in progress)
3. Stakeholder engagement – themed focus groups/attendance at key meetings to test findings and assumptions arising from above and identifying areas for improvement
4. Develop recommendations for CYPLG including a proposed future model of commissioning
5. Consultation
6. Finalise proposals
7. Procurement/decommission (subject to findings above)

5.2 In order to commence any new services from April 2017 this work will require completion by September 2016.

6 IMPLICATIONS

6.1 Financial

This work will be delivered within existing resources and will take account of predicted budget constraints for partner agencies. The CYLPG has a current partnership budget of £878,388, through which existing arrangements with commissioned services are met. A saving of £150,000 will be required from this budget from 2017 – 18 onwards. The review will look wider than the existing CYLPG budget to identify where other spend is made on children and young people.

6.2 Risk and Mitigations

- (a) A risk log will be developed for the project.
- (b) The timescales for the review will require focussed work in a short time frame. Progress will be monitored by the CYPLG via monthly highlight reports.

6.3 Equalities

An Equalities Impact Assessments will be completed for the new Commissioning Strategy.

6.4 Acting Sustainably

Any economic, social or environmental effects will be identified within the new Strategy. There are no direct effects from the Review.

6.5 Carbon Management

There are no significant effects on carbon emissions arising from the proposals contained in this report.

6.6 Rural Proofing

Rural proofing will be considered in production of the new Commissioning Strategy.

6.7 Changes to Scheme of Administration or Scheme of Delegation

There are no changes to be made to either the Scheme of Administration or the Scheme of Delegation as a result of the proposals contained in this report.

7 CONSULTATION

7.1 Stakeholder consultation is planned as part of the process of developing the Commissioning Strategy

Approved by

Jeanette McDiarmid
Depute Chief Executive - People

Signature

Author(s)

Name	Designation and Contact Number
Elaine Torrance	Chief Social Work Officer

Background Papers: Nil

Previous Minute Reference: Nil

**ALCOHOL AND DRUGS PARTNERSHIP (ADP) ANNUAL
REPORT 2014-15**

Report by Interim Director of Public Health

COMMUNITY PLANNING PARTNERSHIP STRATEGIC BOARD

25 February 2016

1 PURPOSE AND SUMMARY

1.1 This report alerts Members to the Borders Alcohol and Drug Partnership (ADP) Annual Report for 2014-15.

1.2 Borders ADP is a partnership of agencies and services involved with drugs and alcohol. It provides strategic direction to reduce the impact of problematic alcohol and drug use. The ADP is required to produce an Annual report on the ADP 2012-15 Delivery Plan. The Annual report has been prepared according to Scottish Government Guidance and provides information relating to:

- i) A self assessment of ADP Processes and Structures and resulting actions for the ADP
- ii) Core Outcomes, Core Indicators and Local Indicators
- iii) Update on work to progress Ministerial Priorities for 2014-15 and address priorities for 2015-16.

2 RECOMMENDATIONS

2.1 I recommend that the Community Planning Partnership Strategic Board Notes the Annual Report

3 ADP SELF ASSESSMENT

- 3.1 This is the third year that Scottish Government (SG) has required the assessment of ADP processes and structures relating to the following themes:
- analyse (e.g. of need)
 - plan
 - deliver (e.g. workforce)
 - review (e.g. evaluation of services).
- 3.2 There are 23 questions to be completed. The descriptors for RAG status (Red, Amber, Green) have been amended this year and following advice from SG we have re-evaluated assessment from previous year.
- 3.3 Summary: There are 0 Red items, 9 are Green and 11 are Amber (3 are non scoring).
- 1 item has moved from Amber to Green: 4. A coherent approach has been applied to selecting and prioritising investment and disinvestment options.
 - 3 items have moved from Green to Amber: work has progressed across these items but have been realigned due to SG advice:
 - 5. We have a shared vision and joint strategic objectives
 - 10. Joint Workforce plans are in place across all levels of service delivery
 - 13. A transparent performance framework is in place for all ADP partner organisations who receive funding through the ADP.

4 CORE AND LOCAL OUTCOMES (Page 21)

- 4.1 The core and local outcomes reflect national and local priorities from the ADP's 2012-15 Delivery Plan. Progress towards targets and benchmarking data is included. Based on the most recent data Borders has a significantly lower prevalence of problematic drug use in adults to Scotland and others in our benchmarking 'family' and similar levels of drug use and weekly drinking in 15 year olds.
- 4.2 Although our rate of drug and alcohol admissions is decreasing over time and is below Scottish average, we have similar levels compared to our benchmarking 'family'.
- 4.3 ADP's are also asked to report on outcomes for clients which are detailed on page 28. All funded services report progress in terms of alcohol and drug use but also in wider aspects of people's lives such as relationships and community involvement. All services evidence improvement in outcomes for clients. For example, employability work via Addaction supported 11 clients to start college and 9 into employment. Mindfulness groups delivered by Borders Addiction Service supported service users to develop skills to maintain their recovery.
- 4.4 The Children and Families service reports 100% of service users (young people and parents) demonstrated improved emotional well being outcomes and, 89% of children and young people for support around their own use of substances reported a reduction in alcohol use.

5 ADP AND MINISTERIAL PRIORITIES (Page 37)

- 5.1 Significant progress was made on ADP Priorities during 2014-15. For example, over 330 delegates attended workforce development opportunities.
- 5.2 Ministerial priorities were progressed. 95% of people attending adult services started treatment within 3 weeks of referral and Borders continues as the best performing area for the reach of Take Home Naloxone distribution in Scotland. The aim of this national programme is to increase the availability of Naloxone and to improve the chance of it being available for use during an opiate overdose situation.
- 5.3 Training continues to be provided on new psychoactive substances (NPS/'legal highs') and an open Drug Trend Monitoring Group shares up to date local and national intelligence relating to drug use.
- 5.4 Tackling availability and licensing remains a strong focus of delivering a Whole Population Approach with ADP Support Team continuing to support the Local Licensing Forum in the production of the Alcohol Profile which outlines evidence of alcohol related harm to support Licensing Board Members in decision making. Through joint working with Safer Communities drug and alcohol tasking group and Borders Rape Crisis Centre, work has progressed with local event organisers and staff on preventing sexual violence with over 100 individuals attending training as well as reinforcing the message about ensuring all those involved in sale and supply of alcohol at local events over summer period are strictly enforcing 'challenge 25 policy' and refusing service to anyone drunk.
- 5.5 Compliance with the delivery of Alcohol Brief Interventions has continued. A reduction of delivery was noted in Antenatal setting however following support in training, recording processes and support materials this has increased.

6 IMPLICATIONS

6.1 Financial

Financial information is presented within the report. Costs are met within existing indicative budget.

6.2 Risk and Mitigations

- (a) A Risk Log is maintained for the ADP Executive
- (b) Scottish Government has advised the national alcohol and drugs allocation will be reduced by approximately 20% for 2016-17. It is anticipated this is likely to be translated into a corresponding local reduction. Whilst all efforts will be made to minimise this impact, a budget reduction of this scale will impact on service delivery. Work is progressing with services, ADP colleagues and wider stakeholders to understand the potential impact of the reduction and subsequent model of delivery.

6.3 Equalities

The ADP Strategy and Delivery Plan had Equalities Impact Assessments completed and it was anticipated that there are no adverse equality

implications.

6.4 **Acting Sustainably**

By undertaking an approach to reducing overall consumption in the whole population ('whole population approach') we will contribute to reducing alcohol and drug related harm both to individual and family circumstances but also social problems in communities such as crime and disorder.

6.5 **Carbon Management**

There are no significant effects on carbon emissions arising from the proposals contained in this report.

6.6 **Rural Proofing**

This report does not relate to new or amended policy or strategy and as a result rural proofing is not an applicable consideration.

6.7 **Changes to Scheme of Administration or Scheme of Delegation**

There are no changes to be made to either the Scheme of Administration or the Scheme of Delegation as a result of the proposals contained in this report.

7 CONSULTATION

7.1 The Chief Financial Officer, the Monitoring Officer, the Chief Legal Officer, the Chief Officer Audit and Risk, the Chief Officer HR, and the Clerk to the Council are currently being consulted and their comments will be incorporated into the final report.

7.2 The Annual Report and Delivery Plan were developed in partnership with ADP Members and Third Sector colleagues and the Annual Report was validated at the Reducing Inequalities Theme Group prior to submission to Scottish Government.

Approved by

**Interim Joint Director of Public Health
Chief Social Work Officer**

**Signature ...Tim Patterson
Signature ...Elaine Torrance**

Author(s)

Name	Designation and Contact Number
Tim Patterson	Interim Joint Director of Public Health
Elaine Torrance	Chief Social Work Officer

Background Papers: Nil

Previous Minute Reference: Nil

Note – You can get this document on tape, in Braille, large print and various computer formats by contacting the address below. Jill Murray can also give information on other language translations as well as providing additional copies.

Contact us at NHS Borders Public Health on 01896 825560; Department of Public Health-NHS Borders, Education Centre, Borders General Hospital, Melrose, TD6 9BD; public.health@borders.scot.nhs.uk



Scottish Borders ADP Annual Report 2014/15

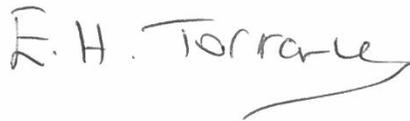
15 September 2015

PARTNERSHIP DETAILS

Alcohol & Drug Partnership:	Borders
ADP Chair	Dr Eric Baijal (retired April 2015) Elaine Torrance (from April 2015)
Contact name(s)	Fiona Doig
Contact telephone	01835 825900
Date of Completion:	15/09/15
Date to be published on ADP website(s)	16/09/15

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

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ADP Chair

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

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

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

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

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

PLAN

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

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	<ul style="list-style-type: none"> • Individual recovery care plan and review • Involved mutual aid and recovery communities <p>Please include your outcomes for all individuals within your alcohol and drug treatment system for 2014/15 if available</p>		<p>SHANNARI wellbeing indicators to be charted.</p> <p>All services are required to produce individual recovery plans and implement regular reviews.</p> <p>There is still work to do in terms of joint working across the alcohol and drugs services but there has been real progress during this year.</p> <p>We have built links with mutual aid groups, for example, a speaker from AA participated in our Substance Misuse Conference in May 2015 and was involved in development of our Recovery Conversation Cafe at which we had several attendees from AA and AI Anon. A representative of AI Anon is a member of our ADP Specialist Interventions Sub-group. This year the ADP Co-ordinator attended a joint AA/AI-Anon meeting with the Social Work Group Manager for Mental Health and Addictions. Services are required to support individuals to attend mutual aid groups. Addaction facilitate MAP (Mutual Aid Partnership) groups in towns across Borders.</p> <p>Scottish Borders Council commissioned an independent advocacy service in October 2015. The ADP has allocated recurring funding to enable alcohol and drugs clients to access this service.</p> <p>Outcomes for service users are provided in Section 3 of this report.</p>
9	<p>All relevant statutory requirements regarding Equality Impact assessments have been addressed during compilation of our ADP Strategy and Delivery Plan</p>	G	<p>Existing and developed ADP Strategy, Delivery Plan and Future Model paper were Equality Impact Assessed.</p>

DELIVER

10	<p>Joint Workforce plans as outlined in 'Supporting The Development of Scotland's Alcohol and Drug Workforce' statement are in place across all levels of service delivery which are based on the needs of your</p>	A	<p>In December 2013 STRADA produced a Strategic Workforce Development Plan for Borders to support our local ROSC. The first action from the plan was to deliver a Substance Misuse Conference to launch the new alcohol and drugs services and approaches to recovery in the Scottish Borders. Delivered in May 2014 the programme included key national and local speakers and was fully subscribed. A short action plan developed in response to the conference has been completed.</p>
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	<p>population.</p>		<p>The ADP has also facilitated delivery of briefing sessions and training events including: Alcohol awareness; Needle Exchange/Naloxone; Foetal Alcohol Spectrum Disorder/Alcohol Brief Interventions; New Psychoactive Substances (NPS); Performance Image Enhancing Drugs/Anti-Doping mechanisms; Children Affected by Parental Substance Misuse (CAPSM); Drug Related Death Risks and Alcohol & Workplace Policy. Overall these sessions reached 331 attendees.</p> <p>The ADP Workforce Development Sub-group will produce an annual workforce development directory of learning opportunities to support ROSC. The learning opportunities will be available for universal services, allied professionals and drug and alcohol services.</p> <p>During the consultation for our strategy it was identified that it was necessary to provide learning opportunities for children’s social work services and adult alcohol and drugs services to increase understanding of the impact of recovery on families and children. We will take this forward in 2015-16 and have received an offer of support from Lloyds PDI for this action.</p> <p>Assurance: Services are required to report on training attended by staff and supervision and the ADP Support Team is managed within NHS systems re: Performance Review Processes, Personal Development Plans and supervision arrangements.</p>
<p>11</p>	<p>Please provide a bullet point summary of your ADP’s Alcohol and Drug Provision, to demonstrate the range of prevention, treatment/recovery & support interventions (including early interventions) commissioned by the ADP which have been delivered in the reporting period.</p> <p>We recognise there will be overlaps – please use local definitions.</p>	<p>G</p>	<p>Prevention Alcohol brief interventions – a Local Enhanced Service arrangement is in place with GP’s</p> <p>Treatment and recovery and support interventions Two adult services are commissioned (Addaction – low to moderate need; Borders Addiction Service – high or complex needs) Across both services the following is in place:</p> <ul style="list-style-type: none"> • Blood Borne Virus tests • Naloxone training and supply • Psychosocial interventions <p>Addaction:</p> <ul style="list-style-type: none"> • Drug/alcohol related crisis interventions • Reintegration service • Employment support • Support groups/peer support • Injecting equipment provision • Family support groups <p>BAS</p> <ul style="list-style-type: none"> • Medical treatment

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			<ul style="list-style-type: none"> • Detoxification • Substitute prescribing • Psychological therapies • Access to residential rehabilitation (joint protocol with Scottish Borders Council) <p>Pharmacy offers naloxone training and supply via Injecting Equipment Provision site.</p> <p>Children and young people - Children and Families Service delivered by Action for Children.</p> <ul style="list-style-type: none"> • Support to young people affected by their own alcohol and drugs use • Support to children affected by parental substance misuse This service brings together provision of parenting support for clients whose substance use is affecting the family. <p>Independent advocacy – ADP contributes to a contract between Scottish Borders Council and Borders Independent Advocacy Service.</p>
12	<p>Please provide a brief summary of the interventions your ADP has delivered to support communities:</p> <p>a) Prevention of developing problem alcohol/drug use</p> <p>b) Community Safety/ Violence Against Women/Reducing Reoffending</p> <p>c) Children/ CAPSM</p>	A	<p>a) Prevention of developing problem alcohol/drug use</p> <ul style="list-style-type: none"> • ABI Local Enhanced Service in place in Primary Care • Active membership of Local Licensing Forum (LLF) and lead on production of the Borders Alcohol Profile. • Give Dry a Try – during January 2015 ADP members and colleagues across NHS, the Local Authority and Police Scotland committed to being alcohol free during January. • Action for Children participates in multiagency learning events (Crucial Crew and Safe T), school based health events, support to teachers to provide substance misuse education <p>b) Community Safety/ Violence Against Women/Reducing Reoffending</p> <ul style="list-style-type: none"> • Responsible drinking campaigns during local festivals and common ridings • Adult alcohol and drugs services perform Routine Enquiry for domestic abuse and childhood sexual abuse • ADP Support Team facilitated a mapping session for Community Justice stakeholders resulting in an action plan at strategic and operational level. • Addaction staff support Reconnect service for women in the criminal justice system <p>c) Children/ CAPSM</p> <ul style="list-style-type: none"> • Five CAPSM briefing sessions were provided to universal services as well as a training session with GP colleagues. Overall these sessions reached 97 individuals. Sessions were delivered in partnership with Action for Children, Addaction and Child Protection, • STRADA delivered a Working with Children and Families Training

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	d) Supporting people in moving on from treatment and care services for ongoing recovery (e.g Self Directed Support, mutual aid/recovery communities)		d) Supporting people in moving on from treatment and care services for ongoing recovery (e.g. Self Directed Support, mutual aid/recovery communities) <ul style="list-style-type: none"> • Recovery conversation café – November 2015 • Mutual aid – involved in ADP events and publicising of recovery work • Addaction MAP groups
13	A transparent performance management framework is in place for all ADP Partner organisations who receive funding through the ADP, including statutory provision. B. Describe how all ADP Partners contribute to delivering outcomes identified in the Joint Strategic Needs Assessment (box 1) which includes prevention, recovery, treatment, support and throughcare services through ROSC provision, where in place.	A	Services participated in quarterly contract monitoring meetings during 2014-15. Alignment of data collection was assisted by the development of reporting spreadsheets for each service. Data collected was used to inform a quarterly performance report for the ADP and ADP Executive Group. The Service User Involvement Service participated in 6 monthly monitoring meetings due to the less complex service, however, the ADP Service Co-ordinator was in regular negotiation with the provider. The independent advocacy service is monitored quarterly by SBC and the ADP Co-ordinator has the opportunity to comment on reports. Although we feel we have made significant progress in systematic reporting we have marked this as amber as the quarterly performance report is evolving at each presentation. Borders ADP has a history of positive partnership working. We have outlined particular examples below: <ul style="list-style-type: none"> • NHS - support to Addaction’s provision of Naloxone and through IEP pharmacies • Safer Communities - responsible drinking, support to Drug Death Review Group • Social work – funding for Children and Families Service implementation of ABI’s • Children and Young People’s Leadership Group – funding for Children and Families Service • Scottish Ambulance Service and Borders Addiction Service – development of information sharing protocol • Scottish Fire and Rescue Service – complementary training on alcohol awareness/home safety to Fire crews and alcohol and drugs staff who are now able to refer for home safety checks • Contribution to conferences and training events as facilitators and attendees

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REVIEW

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

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			involvement.
18	<p>A There is a robust quality assurance system in place which governs the ADP and evidences the quality, effectiveness and efficiency of services.</p> <p>B. Please advise when (and how) your ADP has/plans to undertake an assessment of local implementation of the 'Quality Principles: Standard Expectations of Care and Support in Drug and alcohol Services.</p>	A	<p>Regular monitoring of services and development of service user involvement (as above) will support quality assurance. In Spring 2014-15 we developed a service user questionnaire based on the Quality Principles to establish a baseline for current delivery. Although returns were low they provided areas of improvement which will be progressed during 2015-16</p> <p>Quality Principles: a service user survey based on the Quality Principles was issued via the adult and children and families. The results of this act as the baseline for our performance against the principles. Action points arising from the findings will be discussed at the Quarter 1 monitoring visits. The survey will be repeated in 2015-16.</p> <p>Border ADP is participating in the Drug and Alcohol Improvement Game in September 2015 and we expect that to also contribute to implementation.</p>
19	<p>Describe the progress your ADP has made in taking forward the recommendations from the Independent Expert Review of Opioid Replacement Therapies in Scotland. Please include any information around the following:</p> <ul style="list-style-type: none"> • your (updated, if applicable) Key Aim Statement • a specific update on your progress in implementing it – have you achieved it/when do you plan to do so? 	A	<ul style="list-style-type: none"> • Borders Key aim: 2013 <p>Borders ADP will implement a ROSC model of service provision by May 2014 which will include provision for Service User involvement and engagement in ADP processes. To ensure we comply with Essential Care recommendations we will also collaborate with colleagues to ensure provision of advocacy support for people with substance misuse problems by June 2014.</p> <p>Progress: As previously reported new services commenced in May 2014. Central to our ROSC is integrated working. A great deal of work has been undertaken by Addaction and BAS to develop their services to fit with the ROSC model. Both services now have locality based teams and locality staff work to ensure client needs are met.</p> <p>Development of a shared assessment tool has been challenging due to different structural and support systems across the services, however, there is commitment to making this happen and a draft format has been piloted.</p> <p>Shared promotional material has been developed and the services have jointly attended team meetings and other relevant gatherings of stakeholders.</p> <p>Action for Children meanwhile has worked hard to develop relationships with key colleagues including reviewing processes for work with Police Scotland and Social Work.</p> <p>The joint workforce development programmes delivered by STRADA to support our local ROSC helped underpin this.</p> <p>SBC commissioned an independent advocacy service from BIAS (Borders Independent Advocacy Service) which did not commence until October 2014 due to delays outwith the control</p>

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	<ul style="list-style-type: none"> • Outline the work of your ORT Accountable Officer • How many people were in receipt of opiate replacement therapies in your area between 1 April 2014 & 31 March 2015. • Information on length of time on ORT and dose 	<p>of the ADP. The ADP contributed to this tender to explicitly confirm support for alcohol and drugs clients. The ADP Co-ordinator attended the BIAS team meeting to provide context to our ROSC. Staff reported that while clients may not identify alcohol and drugs as their presenting issue at times this will be part of the wider context of their lives. Reporting format has been adjusted to better illustrate provision for these clients.</p> <ul style="list-style-type: none"> • Key aim 2015: Improve recovery outcomes for service users and reduce number of deaths from accidental drug use to fewer than four per year by 2020 <p>Our 2015 key aim re the ORT Review is as above. This is one of our key aims from our 2015-2020 Strategy. Feedback from clients is that they are well supported during treatment but we are aware that there is much to do to improve opportunities for post treatment recovery. This is a key priority for 2015-16.</p> <p>Our Delivery Plan and Strategy outline our approach to reducing Drug Related Deaths.</p> <p>We have scored this element as Amber as we are still developing in-house systems to support ROSC and are aware that although we have reached over 400 people via ADP Support Team led workforce events during 2014-15 there is still a substantial proportion of the workforce to reach. During 2015-16 we will take a planned approach to delivery by developing a Workforce Development Brochure outlining the training opportunities available throughout the year and online.</p> <p>ORT Accountable Officer – During 2014-15 the ORT Accountable Officer has led on Review of NHS Borders Clinical Guidelines for ORT. This will progress to the Area Drug and Therapeutic Committee in due course. The Accountable Officer supported a submission to the Consultation on Review of Orange Guidelines and will ensure an appropriate response to any recommendations or requirements arising from the published document. The Accountable Officer supports the work of the Substance Misuse Pharmacist.</p> <p>226 people were in receipt of opiate replacement therapies in Borders between 1 April 2014 & 31 March 2015.</p> <p>A process for ensuring we have accurate data on this is being progressed by Borders Addiction Service.</p>
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	<ul style="list-style-type: none"> • Information about any related staff training in ORT provision or recovery orientated systems of care. • Detail of any ORT focussed groups operating in the area. • GP engagement – how drug and alcohol treatment is being delivered in primary care settings. 		<p>Information about any related staff training in ORT provision or recovery orientated systems of care - based on the Workforce Development project a bespoke workforce development programme for specialist alcohol and drugs services; allied services and universal services was developed via a multi-agency group led by STRADA and delivered 6 programmes focussing on ‘Unlocking Recovery in Scottish Borders’. Three separate programmes were developed for alcohol and drugs services, allied professionals and staff in universal services. 94 individuals attended these sessions. During 2015-16 bespoke sessions facilitating joint working between alcohol and drugs and gender based violence services will be delivered. An evaluation report will be produced by STRADA/SDF following these sessions which will provide insight and direction for future programmes.</p> <p>Borders Addiction Service is embedding non-medical prescribers into their service.</p> <ul style="list-style-type: none"> • Detail of any ORT focussed groups operating in the area – we do not have any ORT focussed groups operating at the moment • GP engagement – While prescribing in Primary Care is low in Borders, the view of the GP Sub –Committee when approached was that the system of lower intensity Prescribing and Support Service (PASS) Clinics delivered by Borders Addiction Service were working well and provided a consistent approach to prescribing ORT) and this would be challenging to replicate in Primary Care. Prescribing of ORT sitting with the specialist service allows GP colleagues to address wider health and also social issues, in particular around the family while maintaining a potentially less confrontational relationship with patients and eliminates disruption to practices. <p>A GP Specialist Role supports the NHS Addictions Service caseload and is able to act as a link to primary care colleagues. In addition, the Primary Care Facilitation Nurse is supported by GP colleagues to deliver home detoxification programmes.</p>
<p>20</p>	<p>Please describe in brief bullet points how your ADP and partners are contributing to delivery of a Whole Population Approach for Alcohol.</p>	<p>G</p>	<ul style="list-style-type: none"> • ABI in priority and wider settings (Penumbra, Social Work, Police Custody Suites, Anti-social behaviour) • Contribution to Local Licensing Forum and development of Alcohol Profile • Dry January campaign 2015 • Responsible drinking campaigns in partnership with Safer Communities

21	How many service users are in receipt of prescriptions for problem alcohol use?		<p>From the NHS Borders database there are 365 patients currently prescribed medications for problem alcohol use as follows:</p> <table border="1" data-bbox="792 300 1930 501"> <thead> <tr> <th data-bbox="792 300 1205 331">Drug Name</th> <th data-bbox="1205 300 1930 331">Number of Patients across NHS Borders</th> </tr> </thead> <tbody> <tr> <td data-bbox="792 331 1205 363">Acamprosate</td> <td data-bbox="1205 331 1930 363">139</td> </tr> <tr> <td data-bbox="792 363 1205 395">Chlordiazepoxide</td> <td data-bbox="1205 363 1930 395">125</td> </tr> <tr> <td data-bbox="792 395 1205 427">Clomethiazole</td> <td data-bbox="1205 395 1930 427">Suppressed due to low numbers</td> </tr> <tr> <td data-bbox="792 427 1205 459">Disulfiram</td> <td data-bbox="1205 427 1930 459">92</td> </tr> <tr> <td data-bbox="792 459 1205 501">Nalmefene</td> <td data-bbox="1205 459 1930 501">Suppressed due to low numbers</td> </tr> </tbody> </table> <p>A total of 18 clients are currently directly prescribed by Borders Addiction Service</p>	Drug Name	Number of Patients across NHS Borders	Acamprosate	139	Chlordiazepoxide	125	Clomethiazole	Suppressed due to low numbers	Disulfiram	92	Nalmefene	Suppressed due to low numbers
Drug Name	Number of Patients across NHS Borders														
Acamprosate	139														
Chlordiazepoxide	125														
Clomethiazole	Suppressed due to low numbers														
Disulfiram	92														
Nalmefene	Suppressed due to low numbers														
22	How many service users are receiving counselling/support through ADP commissioned services?		The total number of adult clients who received support for alcohol during 2014-15 was 544.												
23	How many service users have received treatment for ARBD in the reporting period?		3 Alcohol Related Brain Damage (ARBD) assessments were carried out in 2014-15. This was lower than previous year and referrals have increased this year. Numerous additional pre-referral discussions were had with colleagues regarding potential referrals, however several of these did not materialise due to a variety of reasons: a) insufficient abstinence periods (i.e. < than the required 4 weeks) being achieved; and b) individuals' physical health or mental deteriorating to such an extent that a referral for ARBD assessment would not be appropriate. Two of the three ARBD assessments which were received came as a result of the individual concerned being hospitalised for a lengthy stay (i.e. > than the 4 weeks required for ARBD assessment).												

2. Financial Framework 2014-15

Total Income from all sources

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

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

Total Expenditure from sources

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

End Year Balance for Scottish Government earmarked allocations

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

Total Underspend from all sources

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

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2.4 Support in kind

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

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

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

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

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

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

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

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

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

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

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

Key

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

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

Summary Commentary:

Key points to note are:

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

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

Weekly drinking (pupils age 15)	17% (2010)	13.9% (95) (2013)		↑	○	○
Local Indicators		Baseline	Most recent (date)	Progress against local Goal/Target 2014/15	RAG	
Recommendations on future delivery of Substance Misuse Education and roll out across Scottish Borders to be made by end June 2013.		N/A		This project has faced delays and is on hold until Autumn 2015.		
Number of referrals to specialist services by Police Scotland (Action For Children, Social Work). *Previous data for face2face service		80 (2 year average 2010/11 – 2011/12)*	79 (2 year average 2013/14 - 2014/15)	84 (2 year average 2012/13 - 2013/14)		
Percentage of workplaces which Workplace Health Services are involved with which have up to date substance misuse policies.		60% (2012 – 2013)	62% (2014 – 2015)	50%		
Number of individuals and employers who access Workplace Health Services for advice and support on substance misuse issues.		6 employers and 8 staff (2012 – 2013)	16 employers and 12 staff (2014 – 2015)	Not applicable		
Key actions delivered to support this outcome in 2014/15						
<ul style="list-style-type: none"> Alcohol Brief Intervention (ABI) HEAT Standard achieved in line with guidance. A refreshed Local Enhanced Service arrangement was agreed with Primary Care colleagues. A review of ABI delivery in Antenatal setting was carried out with implementation May 2015. This included two training sessions, change in recording processes and development of electronic data collection system. Extended delivery of ABI in wider settings to Integrated Children's Services and Transitions Team with plans to roll out to Learning Disabilities Team and Adult Social Health Care Setting. Referral process for young people identified by Police Scotland reviewed and updated by partners including the new Children & Family Service. Substance Misuse Education – a small working group has collated resources and the planned two CPD sessions has been delayed due to structural and personnel changes. Action for Children delivered sections of Crucial Crew and Safe T multi-agency events co-ordinated by Safer Communities for P7 and S4 respectively. Continued increased awareness, and monitoring on NPS via Drug Trend Monitoring Group with alerts circulated as required and 5 NPS training sessions have been delivered. Support to registered social landlords in development of substance misuse policies and training with 42 members of staff in attendance. Joint work with Fire and Rescue Service enabled referrals of individuals from alcohol and drugs services for Home Safety Checks. This was supported by alcohol briefing sessions across all teams in Borders and reciprocal sessions for alcohol and drugs services staff. ADP Support Team responded to the consultation on NHS Borders Workplace Alcohol and Substance Policy. 						

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

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

Summary commentary:

- The trend for Scottish Borders drug related hospitals stays is increasing. It is lower than the Scotland average but not significantly different to the family average. The national estimated prevalence survey² shows that the proportion of all male problem drug users that are aged 35 to 64 has increased from 43% in 2009/10 to 51% in 2012/13. As drug users grow older they are more likely to experience concurrent physical and mental health problems. This, alongside the recent increased reported prevalence, may account for some of the increase in hospital stays.
- The rate of alcohol related hospital stays for Scottish Borders has remained stable and is below the Scotland average. It is slightly above the family average but this is not statistically significant.
- Scottish Borders rate for drug related deaths is increasing over previous six years however remains below the Scotland average. The rate is above the benchmarking average but neither of these differences is statistically significant.
- We have a high reach of Take Home Naloxone distribution.
- The number of individuals who are prescribed Opioid Replacement Therapy continues to increase year on year.

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

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

Alcohol-related mortality	12.8 (2011)	12.6 (2013)	Reduce	↑		
Drug-related mortality	8.7 (2011)	8.7 (2013)	Reduce	↓		

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

Key actions delivered to support this outcome in 2014/15

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

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

Summary commentary:

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

Local Indicators	Baseline 2011/12	Most Recent (date)	Local Improvement Goal/Target 2014/15	RAG
% of children and young people engaging with children & young people service who reduced or stopped substance use. *Previously face2face	60%*	89% (Alcohol) 67% (Drugs) (2014-15)	65%	
Percentage of women accessing specialist drug/alcohol services who have received routine enquiry for domestic abuse.	92% (Addaction only)	66% (Addaction) 43% (BAS) (2014-15)	92%	
Key actions delivered to support this outcome in 2014/15				
<ul style="list-style-type: none"> • Work has been undertaken to improve performance relating to routine enquiry and performance increased on previous year. A new system for collating information was supported in BAS. There is still room for improvement on this indicator. • Borders Strategic Workforce Implementation Plan continued to be delivered with 6 bespoke training programmes delivered by STRADA to support ROSC. 94 individuals attended. • A new Service User Involvement Service was implemented. Feedback from service user meetings is a standing item on the Agenda for the ADP Executive Group. • A Recovery Conversation Cafe supported by Scottish Recovery Consortium was delivered with over 50 attendees. Subsequently drug and alcohol services have allocated dedicated staff time to develop their respective service's role in recovery. • Services continue to support recovery via, for example, employability work in Addaction and mindfulness training in BAS 				

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

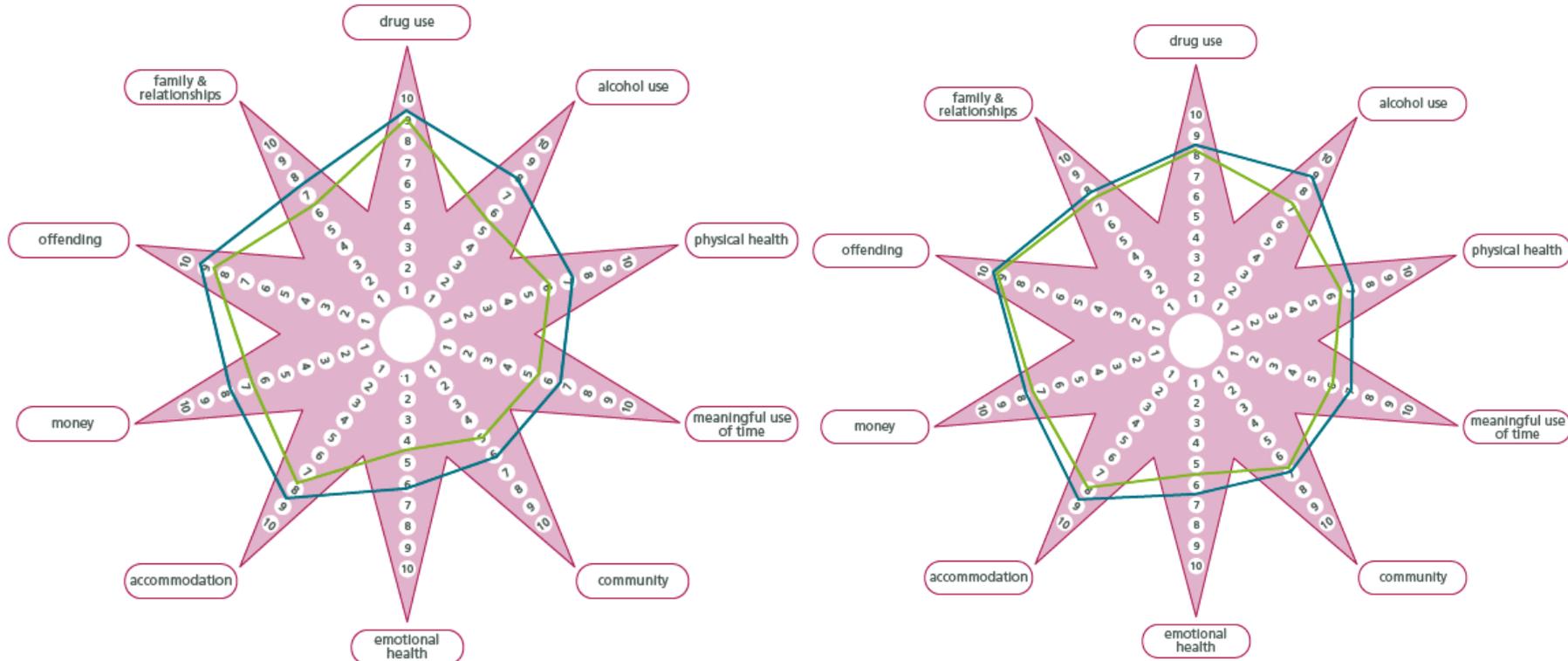
Adult drug and alcohol services use the Star outcome tool to measure and support progress for service users towards their recovery goals. A score is based on a system from 1-10 and range from 1 – ‘being stuck’, to 10 – ‘being self reliant’. The process is then repeated at review intervals (3 monthly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

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

Star			
	First reading		Most recent

Addaction: 114 clients

NHS BAS: 101 clients



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

3.3.2 Addaction

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

Employability

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

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

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

3.3.3 NHS Borders Addiction Service

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

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

Mindfulness Psycho-educational Group

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

3.3.4 Children and Families Service – Action for Children

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

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

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

Summary commentary:

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

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

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

Key actions delivered to support this outcome in 2014/15

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

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

Summary Commentary:

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

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

Key actions delivered to support this outcome in 2014/15

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

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

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

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

Summary Commentary:

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

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

Key actions delivered to support this outcome in 2014/15

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

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

Summary Commentary:

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

Core Indicators	Baseline 2011/12	Most recent (data)	Local Improvement Goal/Target 2014/15	RAG	Bench marking against Scotland	Bench marking against Family
Alcohol brief interventions	2727 (2011/12)	1803 (2014-15)	1247		No update available	No update available
Treatment waiting times (% of clients waiting more than three weeks)	13.6% (Drug) 5.4% (Alcohol) (2011/12)	2.5% (Drug) 0.9% (Alcohol) (2013-14)	5% (Drug & Alcohol)		 	 
Key actions delivered to support this outcome in 2014/15						
<ul style="list-style-type: none"> • Continued delivery of ABI in priority settings as per HEAT Standard Guidance and wider settings include Criminal Justice Social Work, Antisocial Behaviour Unit, Police Custody area, Penumbra Youth Service. Expansion into Integrated Children's Services and Transitions Team. • Continued delivery of Waiting Times Standard. • Service user feedback provided on regular basis to each ADP Executive Group with actions implemented as appropriate. • STRADA Workforce Development Project Action Plan implemented with six training opportunities focussing on 'Recovery' made available and 94 individuals attending. • Development of a performance framework for commissioned services. 						

4. ADP & Ministerial Priorities

4.1 ADP Priorities 2014-15

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

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

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

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

4.2 ADP Priorities for 2015-16 based on Self Assessment

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

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

4.3 Ministerial Priorities

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

This section provides information on the following:

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

4.3.1 Ministerial Priorities - Continuing

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

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

4.3.1.2 Implementing improvement methodology at local level, including implementation of the *Quality Principles: Standard Expectations of Care and Support in Drug and Alcohol Services* and responding to the recommendations outlined in the independent expert group on opioid replacement therapies (ORT)

Local improvement goal 2014-15	To work with colleagues from NHS Clinical Governance and Quality to establish baseline data relating to the Quality Principles and develop an associated action plan. To develop and implement an ORT action plan by March 2015.
Commentary	A service user survey was developed based on the Quality Principles. Service users were able to feed into the survey. The ORT action plan work was subsumed into the development of our ADP Strategy and supporting Delivery Plan. Our third key strategic aims is to increase recovery opportunities and reduce drug related deaths and our fourth key strategic aim is to further to improve partnerships and governance.
Local improvement goal 2015-16	To develop and implement an action plan in response to the service user survey. To develop and implement tests of change arising from the Drug and Alcohol Improvement Game

4.3.1.3 Ensuring a proactive and planned approach to responding to the needs of prisoners affected by problem drug and alcohol use and their associated through care arrangements. It is expected that ADP's (including Health Board partners) and the Scottish Prison Service will work more closely to ensure a consistent process and sharing of information before, during and after and individual is in custody. A further key priority area for the Scottish Government is effectively supporting women who offend.

Local improvement goal 2014-15	To be able to provide evidence of improvements to existing processes for prisoners and people in the Criminal Justice System.
Commentary	In June 2014 a multi-agency mapping event was facilitated by the ADP Support Team, Criminal Justice Social Work and Welfare benefits. Based on lean principles the session identified areas for improvement at an operational and strategic level. Some of the operational improvements have been implemented: e.g. the identified voluntary throughcare worker within criminal justice social work liaises with prison and community services in order to co-ordinate access to required services including drug

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

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

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

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

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

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

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

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

4.3.2 Ministerial Priorities - new

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

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

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

5. ADP feedback on Annual Report Process

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

Appendix 1: Core Indicators description

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

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

BORDERS ALCOHOL & DRUGS PARTNERSHIP

2014-15

HOW ARE WE DOING?

Whole Population

1%

of population in Borders are estimated to have problem drug use

1,803

people had a motivational conversation about cutting down their alcohol

43%

of population drink outwith recommended guidelines

over 100

staff working in licensed premises received an input on prevention of sexual violence and New Psychoactive Substances

Treatment Services

582

people started treatment for their drug or alcohol problem

99%

of people were seen within 3 weeks of being referred

11

clients started college and

9

supported into employment through employability support in adult services

Children and Families Service

89%

of children and young people reported a reduction or stopped using alcohol and 67% for drugs

100%

of parents reported improved parenting skills for their children

Workforce

331

members of staff received training on a range of drug & alcohol topics

Service Users

A Service User Involvement Service is in place and a survey was carried out to find out more about their experiences in drug and alcohol services

Early Intervention & Prevention

all licensed premises

who had a test purchasing visit passed

Fewer young people reported underage drinking

14% 2013

17% 2010

1 in 4 people

at risk of drug overdose have been issued with naloxone medication



Recovery

50

staff members, service users and family members contributed their views on how to make recovery possible through the first Recovery Conversation Cafe

action on

drugs+alcohol

BORDERS

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