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SCRUTINY COMMITTEE THURSDAY, 24 NOVEMBER 2016

A MEETING of the SCRUTINY COMMITTEE will be held in the COUNCIL CHAMBER, COUNCIL HEADQUARTERS, NEWTOWN ST BOSWELLS on THURSDAY, 24 NOVEMBER 2016 at 10.00 AM

J. J. WILKINSON,
Clerk to the Council,

17 November 2016

BUSINESS		
1.	Apologies for Absence	
2.	Order of Business	
3.	Declarations of Interest	
4.	Minutes	2 mins
	(a) Minute of Meeting of the Scrutiny Committee (Pages 1 - 12) Minute of meeting of the Scrutiny Committee of 27 October 2016 to be approved and signed by the Chairman. (Copy attached).	3 mins
	(b) Extract of Minute of Executive Committee of 15 November 2016 (Pages 13 - 14) Consider Extract of Minute of Executive Committee of 15 November 2016 in respect of the Scrutiny Committee Recommendation – Review of Bridges.	5 mins
5.	Drugs and Alcohol Strategy (Pages 15 - 38) Presentation by Strategic Lead – ADP and Health Improvement. Background papers attached.	30 mins
6.	Protective Marking of Documents Presentation by the Chief Legal Officer.	30 mins
7.	Scrutiny Reviews (Pages 39 - 44) Update on subject included in the future Scrutiny Review Programme. (Copy attached).	5 mins
8.	Date of Next Meeting	

	The next meeting of the Scrutiny Committee is scheduled to be held on 26 January 2017.	
9.	Any other Items Previously Circulated	
10.	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 Committee:- Councillors G. Turnbull (Chairman), W. Archibald, K. Cockburn, A. Cranston, I. Gillespie, B Herd, W. McAteer, A. J. Nicol and J. Torrance

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**SCOTTISH BORDERS COUNCIL
SCRUTINY COMMITTEE**

MINUTES of Meeting of the SCRUTINY
COMMITTEE held in COUNCIL CHAMBER,
COUNCIL HEADQUARTERS, NEWTOWN
ST BOSWELLS on Thursday, 27 October
2016 at 10.00 am

Present:- Councillors G. Turnbull (Chairman), W. Archibald, K. Cockburn, A. Cranston,
I. Gillespie, B Herd, W. McAteer and A. J. Nicol.
Apologies:- Councillor J. Torrance.
Also Present:- Councillor G. Edgar.
In Attendance:- Clerk to the Council, Democratic Services Officer (J Turnbull)

1. **MINUTE**

There had been circulated copies of the Minute of 22 September 2016.

DECISION

AGREED the Minute.

2. **MATTERS ARISING FROM THE MINUTE**

The Committee requested that Councillor Logan, the former Chairman, be thanked for undertaking the role of Scrutiny Chairman over the past two years.

DECISION

AGREED to thank Councillor Logan for his contribution as the previous Chairman.

3. **SOCIAL WORK DUTY HUB - CUSTOMER SERVICES PROJECT**

3.1 With reference to paragraph 5 of the Minute of 22 September 2-016, the Chairman welcomed to the meeting Mr Les Grant, Customer Services Manager; Mr Graeme Dobson, Project Manager; Ms Claire Tracy, Lead Officer Customer Services; and Ms Jane Robertson, Development Manager (Adult Services). The officers were in attendance to give a presentation to Scrutiny Committee on the Social Work Duty Hub, Customer Services Project.

3.2 Mr Grant began the presentation by advising that the Social Work Duty Hub had been in operation since 2006. Since inception, several attempts had been made to measure and quantify the impact of the Hub. Evidence suggested that the Hub had provided a limited positive impact on the quality, efficiency and effectiveness of the Social Work Duty Service in the Borders. Mr Grant explained that the overall volume of telephone calls which went un-answered, had regularly been more than 25%, which was unacceptable. Staffing levels also meant that it was often difficult to handle calls out-with normal working hours. In view of the nature of the work, a cautious approach had been taken in terms of applying changes. The decision to evaluate the transfer of the management of Social Work calls and core duty business processes from the Duty Hub to Customer Services was finally taken in late 2012. Various options had been considered, with the preferred model - introduced in June 2014 - providing a centralised Customer Service Unit, offering a single point of contact for all customers. This model enabled Customer Services to provide information, answer questions and signpost services. The model also delivered an interface to the parallel locality duty system for the transfer of customer core information, referral, screening and immediate social work intervention. By changing the model and utilising Customer Services for the day to day management of incoming calls, Social Work could target resources more effectively and efficiently.

- 3.3 Mr Grant further advised that all Social Work calls were transferred to a core group of Customer Services Advisors, trained to effectively manage Social Work enquiries. Evidence from August 2013 to August 2016 showed a clear improvement in response to calls and a reduction in call abandonment rates. When a call was received via 0300 100 1800 it was either resolved at point of contact, referred to Social Work Locality or the caller was signposted to appropriate information or third party services. Mr Grant went on to advise that ongoing work included: reviewing Social Work webpages to ensure information was more customer focused; establishing reporting requirements to provide Social Work with statistics about their service; and, the development of Customer Relationship Management (CRM) scripting. A post implementation plan was also being developed which included: working with Social Work on the Community Led Conversation programme; ongoing involvement in the Framework System Users Groups; Online self-referrals and referrals direct to Border Care and Repair for minor equipment enquiries. Mr Grant concluded the presentation by advising that, going forward, training would be delivered to every Customer Service Advisor, to ensure a greater pool of trained staff was available.
- 3.4 The Chairman thanked officers for the concise and informative presentation. Discussion followed and Members raised a number of questions. Mr Grant explained that Customer Satisfaction Surveys had an extremely low response rate and trying to engage with customers for their views on the service was difficult. However, usage rate for the service was fairly consistent. More calls were now answered on the first point of contact and abandonment rates had reduced. With regard to Customer Services taking on additional services, Mr Grant advised that any additional work streams would have to be resourced and therefore they would need to ensure that staff were fully trained and had the capacity to meet any additional demands. Mr Dobson added that there were discussions ongoing regarding the provision of signposting for Border Care & Repair, key safes, etc. Currently, these enquiries were referred to Social Work. Customer Services Advisors were in the process of being trained to identify such calls and refer enquiries direct to SB Cares. The sharing of the model with other authorities was discussed. Mr Grant advised that they continued to engage with colleagues in other areas to adapt and improve the model, with the support of Social Work. Ms Robertson added that from a Social Work perspective, the model had streamlined and reduced delays for customers and would continue to be developed going forward in terms of integration and partnership. Across the 32 partnerships across Scotland, 50% had chosen a similar model. The other 50% had increased resources within their Social Work departments. With regard to interaction with social media, they could respond to twitter feeds, Facebook enquiries, email enquiries, etc. The website was also being developed to incorporate links to referral websites e.g. Citizens' Advice Bureau.
- 3.5 In answer to a question regarding how calls were supervised when transferred from the initial point of contact, Ms Tracy advised that a new referral and screening form had been developed for Customer Service Advisors. Enhanced training had also been given in adult protection and social care awareness. As Customer Service Advisors developed their knowledge, they would be able to make an initial assessment to either resolve the call at point of contact, or refer the caller to Social Work. Mr Grant added that although Customer Services were dealing with adult services, staff had received training on child protection issues and were aware of the referral process. Regarding monitoring of the service, Ms Tracy advised that an external inspection of adult services was imminent and this would include the quality of customer experience. Call handling rates were also reported to Corporate Management Team (CMT) and the Executive Committee as part of performance monitoring and were challenged if required. The Chairman thanked the officers for the information provided and the helpful way in which questions were answered.

DECISION

NOTED the presentation, which would be issued to Members for information.

4. **REVIEW OF BRIDGES**

- 4.1 With reference to paragraph 5 of the Minute of 22 September 2016, there had been circulated copies of a report by the Service Director – Assets & Infrastructure providing information to Members on the Council's bridge assets, including a list of all bridges in the Scottish Borders, current processes for inspection and maintenance, planned investment, key issues around bridge condition and plans for improvement. Mr Martin Joyce, Service Director Assets and Infrastructure; Mr David Girdler, Chief Officer Roads; Mr Colin Ovens, Infrastructure Manager; and Mr David Richardson, Asset Manager, were in attendance at the meeting. Scottish Borders Council (SBC), under the requirements of the Roads (Scotland) Act 1984, was responsible for maintaining over 1,100 bridges and 155 culverts across the region, many of which were ageing and in need of repair, but were of critical importance to the Scottish Borders, both economically and socially. The current SBC Roads Asset Management Plan (RAMP), approved in 2014, helped the Council deliver the road services and detailed what was required to manage the road network assets, including bridges. However, ensuring that all bridges were inspected regularly to assess condition and then undertaking necessary works was increasingly difficult in the current financial climate. The report presented the current planned investment in bridges and the process around identifying planned maintenance work with future planned actions around performance reporting.
- 4.2 Mr Ovens advised that there was a wide variety of bridge structures, including 562 of masonry arch construction. Responsibility for many of the bridges was shared, for example, 57 of the bridges with Network Rail and several with Northumberland County Council (NCC). He explained that bridges had a limited life and their repair and renewal became necessary due to wear and tear, damage and inclement weather. Additionally, older bridges were not designed to deal with the current volume and weights of traffic which led to more expensive repair requirements.
- 4.3 The RAMP was one of the key strategic plans to be delivered by the Asset and Infrastructure team. As with other services, resource constraints meant that decisions about prioritisation needed to be taken to ensure that public safety was protected and there was appropriate network investment to enhance the Scottish Borders, both socially and economically. The Code of Practice for Management of Highway Structures (CoPMHS) recommended that Councils' adopted the standards contained in the Code. For bridges, this meant that biennially, a visual examination of all parts of the structure should be carried out for all bridges and culverts of 1m diameter and greater. Every six years, a principal inspection – a close examination, using access equipment - should be undertaken on those larger structures identified as requiring a greater level of assessment. Historical inspection information from 2009/2011 was mainly used to make current prioritisation decisions. However, works could be prioritised due to concerns raised about a bridge's condition.
- 4.4 Mr Ovens further advised that the use of data and the RAMP process ensured that SBC met its statutory duty. However, inspections recommended under the CoPMHS had not been undertaken since 2009/11. It was considered that the risks faces by both SBC and road users would be better managed by more regular and planned inspections in line with CoPMHS recommendations. However, it was recognised that additional resources would be required to deliver this enhanced inspection regime. The approximate 'core' annual budget allocation to bridges was £818k. In 2014/15 the Council had invested £1.3 m, which was higher than the annual allocation. This was as a result of replacement of Carlowse Bridge. Again in 2015/16 an investment of £1.9 m was required due to the replacement of Selkirk Footbridge at £700k and bridge repairs linked to the major flood events of January and February 2016. Mr Ovens continued that recent issues had highlighted concerns over the condition of two bridges – Clackmae, on the back road between Earlston and Lauder, and Melrose Bridge (Lowood Bridge) on the link road between Melrose and Galashiels. Clackmae Bridge was in very poor condition; engineers were assessing the extent of repairs required but these might be in the region of £500k. Melrose Bridge repair cost could be circa £800k. These two examples demonstrated that

the annual core budget may be insufficient to perform the required level of inspections and work required, but the Council also had other priorities to consider.

- 4.5 Presently, the list of planned works within the Infrastructure Team was primarily compiled from 2009/11 condition information and records of previous load carrying assessments to determine which bridges were safe to carry heavy loads. The SBC Roads Review currently underway included work to address the gaps around the robustness of performance information on inspections undertaken and condition of bridges. Mr Ovens concluded his report by advising that officers hoped to complete, on an annual basis, the performance reporting table as promoted by the Society of Chief Officers on Transport in Scotland (SCOTS) and look to integrate this measure into the existing performance reporting to the Executive Committee. Principal inspections would populate the major investment plan for the bridge assets. However, distribution of funds would continue to be targeted towards those bridges which the Infrastructure Team considered to be in need or urgent repair. Until such time as officers had a fully developed inventory of asset conditions, this would continue to be determined using existing condition data, adhoc inspections, engineering knowledge and experience.
- 4.6 Following discussion, a number of questions were raised and answered by officers. In terms of repair materials, Mr Richardson confirmed that if possible, this was carried out on a like for like basis. In respect of the Tweed Bridge, Mr Ovens advised that the repair works were being funded by Transport Scotland and the pedestrian bridge would transfer into the ownership of the Council once the works were completed. The cost of bringing all bridges up to an optimum standard was discussed. Mr Ovens advised that until they had carried out the inspection process it was difficult to quantify a cost. Officers advised that where possible, external funding or partner working was considered for every bridge repair. For example, the Union Chain Bridge repairs were being funded by Heritage Lottery Funding, and the Historic bodies in both Scotland and England, as part of a joint project with Northumberland County Council. Mr Joyce added that in each instance potential funding streams were investigated to minimise the impact on the Council's budget. Regarding windfarm developers contributing to the cost of repairs of bridges, the officers gave an example of the strengthening work to Martin's Bridge, which had been funded by a windfarm developer. Officers confirmed that no inspections were carried out on private bridges, only those on the public list. In terms of the Council's position compared to other authorities, some were ahead of the Council and others in the same position. In terms of prioritisation of repairs to bridges, this was assessed regularly using the results of inspections, the potential use of weight restriction, impact on communities, cost, ability to phase work, etc. Members also considered the potential costs of repairs and how this had to fit in with other competing Council priorities e.g. care for elderly, new schools, etc. Following further discussion it was unanimously agreed that the need to carry out inspections on the bridges asset was paramount in order to prioritise repairs using the CoPMHS recommendations. Once the inspection of bridges had been carried out, the results could then be incorporated into the regular performance monitoring reports to Executive Committee. The Committee also asked that officers continued to assess, on a case by case basis, any opportunities for funding to assist with future repairs to bridges.

DECISION

(a) AGREED to NOTE:

- (i) The size of the bridges asset and the challenges this presented;**
- (ii) The current process for carrying out inspections, for assessing the current condition of the bridges asset and the process used in identifying planned maintenance works; and**
- (iii) The improvements being considered to improve data on the overall condition of the bridges asset and subsequent prioritization.**

- # (b) **AGREED to RECOMMEND to the EXECUTIVE COMMITTEE that:**
- (i) **the current Roads Review should take account of the need to inspect bridges within the Code of Practice for Management of Highway Structures recommendations and that, if possible, some additional resources be identified to allow this work to be carried out in line with the priorities within the Roads Asset Management Plan;**
 - (ii) **once the inspection of bridges has been carried out, that the condition of all bridges be categorised and incorporated into the regular performance monitoring reports to the Executive Committee; and**
 - (iii) **when considering future repairs to historic and iconic Borders bridges, officers continue to assess on a case by case basis any opportunities for external funding.**

MEMBER

Councillor McAteer left the meeting following consideration of the above report.

5. SCRUTINY REVIEWS

- 5.1 With reference to paragraph 5 of the Minute of 22 September there had been circulated copies of the updated list of subjects which Scrutiny Committee had been asked to review and which included the source of the request, the stage the process had reached and the date, if identified, of the Scrutiny meeting at which the information would be presented. In addition, Members were also asked to consider further subjects for inclusion on this list for presentation at future meetings of the Committee. When deciding whether subjects would be reviewed by the Scrutiny Committee, Members required a clear indication from the initiator of the request as to which aspects of the subject they wished to be reviewed. This would enable the Committee to determine whether the subject was appropriate for consideration. The Clerk to the Council advised that she would pursue with the Service Director Children and Young People, the provision of an update on home schooling to be brought to either the November or January meetings. In February 2017, there would be a report listing all the recommendations made by Scrutiny Committee and the impact of the decisions made.
- 5.2 The Chairman, Councillor Turnbull, asked if the work of integrated Boards such as the Health and Social Care Integrated Board and the Police, Fire & Rescue, and Safer Communities Board could be included on the Review list. The Clerk to the Council suggested that two separate reports may be appropriate, one concentrating on the Health and Social Care Integrated Joint Board, the other on the Police, Fire & Rescue and Safer Communities Board. The reports could also incorporate information on how these areas were covered in other local authority areas and bring in information from other organisations such as Cosla and Audit Scotland.

DECISION

AGREED the list of subject for review by Scrutiny Committee as amended and appended to this Minute at Appendix 1.

6. DATE OF NEXT MEETING

The next meeting of the Scrutiny Committee would take place on Thursday, 24 November 2016.

DECISION

NOTED.

The meeting concluded at 11.30 am

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Scrutiny Committee – Review Subjects 2016/17

Timetabled for Scrutiny Meetings

Source	Issue/Description	Stage	Scrutiny Committee Meeting Date
Councillor Nicol	Review of Bridges Assets. The review should include the condition of bridges on the register and the processes for inspection and maintenance.	Presentation by Martin Joyce, Service Director Assets and Infrastructure.	27 October 2016
Councillor Torrance	Social Work Duty Hub.	Graeme Dobson, Project Manager, Les Grant, Customer Services Manager.	27 October 2016.
Scrutiny Committee	Drugs and Alcohol Strategy.	Elaine Torrance, Chief Social Work Officer; Tim Patterson, Joint Director of Public Health, Fiona Doig.	24 November 2016
Scrutiny Committee	Policies and Procedures for Protective Marking of Documents and Management of Information.	Information Governance Board to make presentation.	24 November 2016
Lib Dem Group	Implications of the Community Empowerment Act on the Council – <i>“there may be multiple implications of the Community Empowerment Act e.g. disposal of assets either SBC or Common Good, the transfer of local services to community groups who wish to take them on, future provision of allotments etc.”</i>	Presentation from Shona Smith, Communities & Partnership Manager and Douglas Scott, Senior Policy Advisor on Communities and Partnership.	26 January 2017.
Scrutiny	The impact of third party use on the Local Authority’s road network, e.g. timber transportation and wind turbine transportation.		26 January 2017

Review Subjects to be considered/awaiting further information

Source	Issue/Description	Stage	Scrutiny Committee Meeting Date
Councillor Gillespie	Home Schooling. To consider the requirement for a change in the law to ensure health assessments for home schooled children are carried out. Also to investigate parents undertaking an examination to ensure that they were adequate educators for primary secondary school education.	Donna Manson, Service Director Children & Young People will provide private updated.	Private Briefing for Members in September/October 2016. Cllr Gillespie to discuss with Ms Manson and advise at next meeting.
Councillor Archibald	Artificial sports pitches. Briefing paper to be brought forward on existing artificial pitches in the Scottish Borders, to include information on the use costs, benefits and issues of these facilities.	Presentation from Rob Dickson, Corporate Transformation and Services Director.	Deferred until report considered by Executive Committee.
Royal Burgh of Peebles & District Community Council	This issue relates to how (and under what circumstances) community consultation is designed, planned and managed and how the processes by which Council canvasses the views of local communities can be facilitated and improved upon. In particular, use the example of the process that led to the decision by the Council's Executive Committee to agree that Victoria Park, Peebles is the preferred location for a 3G pitch.	Presentation from Rob Dickson, Corporate Transformation and Services Director.	Removed. (Paragraph 2.2 of the minute of 18 August 2016 refers).

Reviews Completed 2015/16

Source	Issue/Description	Stage	Scrutiny Committee Meeting Date
Councillor Nicol	Recycling Centres. Update on remarketing of goods for recycling at Community Recycling Centres, including how other authorities approached this.	Presentation by Jenni Craig, Service Director Neighbourhood Services and Ross Sharp-Dent, Waste Manager.	22 September 2016. Completed.
Councillor Cockburn	Asymmetric Week	Presentation by Donna Manson, Service Director Children & Young People, Ms M Strong, Chief Officer Education & Lifelong Learning; Mr P Fagan & Ms A M Bready, Headteachers.	22 September 2016. Completed.
Ettrick and Yarrow Community Council	Great Tapestry of Scotland Working Group – Report	Report by Scrutiny Committee Working Group, presented by Councillor Mountford	18 August 2016. Completed.
Greenlaw and Hume Community Council	To consider outsourcing success stories from this Council and elsewhere in Scotland in particular where the service has been outsourced to a third sector organisation	Presentation by Kathryn Dickson, Procurement & Payment Services Manager.	18 August 2016. Completed.
Councillor Torrance	School Transport and Escorts	Presentation by Dona Manson, Service Director Children and Young People.	28 April 2016 Completed.
Scrutiny Committee	Following the review on road repairs maintenance, presented to the January meeting of Scrutiny Committee. There was a further report to the March meeting on the implications on the capital and revenue budgets of the trunk status of the A72 and A7. Scrutiny Committee requested a further report identifying the revenue and capital costs of works to individual roads in the roads infrastructure.	Report from Asset Manager.	28 April 2016. Completed.

Source	Issue/Description	Stage	Scrutiny Committee Meeting Date.
Councillor Logan	Support for Highly Able Learners in Schools	Presentation by Donna Manson, Service Director Children & Young People.	28 April 2016. Completed.
Scrutiny Committee	Financing arrangements for the Transport Interchange in Galashiels – to include subsidy arrangements and departure charges.	None	24 March 2016. Completed.
Councillor Archibald	Equalities Legislation. Consideration on the Council's up to date grant application form and information on how legislation is applied to local festivals, in particular where the Council awards grants.	None.	24 March 2016. Completed.
Councillor Bhatia	Protection of Private Water Supplies – “in relation to Planning e.g. when a planning application is granted which requires an additional private supply or taking water from an existing private supply, how do existing householders ensure that their supply is protected? This may be purely a civil matter or the Council may have a role. This is further exacerbated with large forestry/windfarm applications.”	Recommendation to be considered by Executive Committee on 22 March 2016.	18 February 2016. Completed.
Ettrick and Yarrow Community Council. Allocation of budgets for rural maintenance and repairs.	To review extent to which the SBC budget for road repairs and maintenance is sufficient to meet need and the not unreasonable expectation that roads will be maintained in a safe condition. Within this context, to particularly examine how the allocation of budget for rural roads is arrived and whether more should be allocated.	Recommendation considered by Executive Committee on 8 March 2016 – accepted.	28 January 2016. Completed.
Graeme Donald	Religious Observance } Policy } These were } presented together at	None – briefing session	29 October 2015. Completed.
Scrutiny Committee	Faith Schools } the same meeting.	None – briefing session.	29 October 2015. Completed.
Councillor Turnbull	Fees for taxi licensing – the amount paid to outside bodies in administering taxi licensing and how the fees for a licence in the Borders compare with those of neighbouring authorities.	Information emailed to Cllr Turnbull from Licensing Team Leader on 5/10/15. Cllr Turnbull does to wish to pursue further.	14 October 2015. Completed.

Source	Issue/Description	Stage	Scrutiny Committee Meeting Date.
Scrutiny Committee	Attainment levels in Schools in Deprived Areas.	None – briefing session.	24 September 2015. Completed.
Scrutiny Committee	Mainstream Schools and Children with Complex Additional Support Needs	None – briefing session.	24 September 2015. Completed.

Reviews Completed 2014/15

Source	Issue/Description	Stage	Scrutiny Committee Meeting Date
Scrutiny Committee	Funding available to Community Councils	Presentation from Clare Malster, Strategic Community Engagement Officer	11 June 2015. Completed.
Scrutiny Committee	Presentations on Planning Enforcement and Building Inspection Regime.	Presentation from Alan Gueldner, Lead Enforcement and Mr James Whiteford, Lead Building Standards Surveyor.	11 June 2015. Completed.
Scrutiny Committee	Procurement Control of contractors policy/repairs & maintenance framework agreement procurement project.	Presentation by Kathryn Dickson, Procurement and Payment Services Manager, Graham Cresswell, Health & Safety Manager; Ray Cherry, Senior Architect; Stuart Mawson, Property Manager.	28 May 2015. Completed.
Scrutiny Committee	Use of Small Schemes and Quality of Life Funding by Area Fora.	Report by Jenni Craig, Service Director Neighbourhood Services.	26 March 2015. Completed.

EXTRACT FROM MINUTE OF THE EXECUTIVE COMMITTEE OF 15 NOVEMBER 2016

7. SCRUTINY COMMITTEE RECOMMENDATION – REVIEW OF BRIDGES

7.1 There had been circulated copies of a Minute extract from the Scrutiny Committee meeting of 27 October 2016. This followed a report to the Committee by the Service Director – Assets & Infrastructure providing information on the Council’s bridge assets. The report included a list of all bridges in the Scottish Borders, current processes for inspection and maintenance, planned investment, key issues around bridge condition and plans for improvement. The Service Director had explained at that meeting that the current Scottish Borders Council’s Road Asset Management Plan (RAMP), approved in 2014, detailed what was required to manage the road network assets, including bridges. However, ensuring that all bridges were inspected regularly to assess condition and then undertaking necessary works was increasingly difficult in the current financial climate. The report presented the current planned investment in bridges and the process around identifying planned maintenance work with future planned actions around performance reporting. After discussion the Scrutiny Committee had agreed that the need to carry out inspections of the bridges asset was paramount in order to prioritise repairs using the Code of Practice for Management of Highway Structure recommendations. Once the inspections had been carried out, the results could then be incorporated into the regular performance monitoring reports to Executive Committee. The Committee also asked that officers continued to assess, on a case by case basis, any opportunities for funding to assist with future repairs to bridges.

MEMBER

Councillor Edgar left the meeting during the discussion below.

7.2 In a discussion of the Minute extract and recommendation, Members welcomed the work carried out by the Scrutiny Committee and agreed that it was right to highlight the importance of regular inspection of the Council’s bridge assets. They also agreed that it was appropriate to receive an annual report on the condition of bridges and a prioritised list for repair. However the view of Members was that an annual report on the condition of bridges should be incorporated into the Roads Asset Management Plan (RAMP) process rather than through the quarterly performance reports to the Executive Committee. It was therefore agreed to amend the part of the recommendation regarding the reporting procedure.

DECISION

AGREED:-

- (a) **to endorse the following parts of the recommendation from the Scrutiny Committee that:-**
 - (i) **the current Roads Review should take account of the need to inspect bridges within the Code of Practice for Management of Highway Structures recommendations and that, if possible, some additional resources be identified to allow this work to be carried out in line with the priorities within the Roads Asset Management Plan;**
 - (ii) **when considering future repairs to historic and iconic Borders bridges, officers continued to assess on a case by case basis any opportunities for external funding; and**
- (b) **that, once the inspection of bridges had been carried out, the condition of all bridges be categorised and incorporated into an annual report to the Executive Committee as part of the Roads Asset Management Plan process.**

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Alcohol & Drug Partnership Strategy 2015-2020

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FOREWORD

The overall vision for the Borders Alcohol and Drug Partnership is that individuals, families and communities live in an area where fewer people are using alcohol and drugs and, for those that do, recovery is a realistic option.

This strategy provides context and a high level overview to work which will take place over the next five years to make that vision a reality.

I am conscious that this strategy is able to build on previous contributions from services and colleagues. In addition during the life of the ADP Strategy 2012-2015 the ADP undertook two major pieces of strategic work. Firstly, the ADP Investment Review, supported by Scottish Government and STRADA, used evidence of need based on national and local data, service uptake and feedback from service users and colleagues to identify a 'Future Model' which supported a Recovery Oriented System of Care (ROSC). New services were commissioned and commenced delivery in May 2014 including, for the first time, a Service User Involvement Service and provision for children affected by parental substance use (CAPSM).

Towards the end of the Investment Review period the ADP was supported by STRADA to research workforce development needs locally to support a ROSC. The resulting Workforce Development Action Plan is currently being implemented.

In setting forward our strategy for the ADP we have included, for the first time, a dedicated section on how we aim to reduce drug related deaths. In Borders the number of individuals who lose their lives in this way is small but every one leaves behind children, family members and friends who are affected by their loss.

The provision of high quality, accessible services helps prevent deaths by ensuring people have the help when they need it while provision of Take Home Naloxone to individuals can allow for a potentially life-saving intervention in the event of an overdose. Colleagues have been very successful at ensuring rapid access to alcohol and drug services and in ensuring as many people as possible at risk of overdose receive a Naloxone kit. However, we believe there is more we can do to reduce these preventable deaths and that the actions set out in this document will contribute to reducing deaths in the future.

This strategy was developed in consultation with colleagues in local agencies and at Scottish Government, service users and people in recovery and carers and I extend my thanks to them for their commitment and vision.

Elaine Torrance
Chief Social Work Officer
ADP Chair

INTRODUCTION

The Scottish Borders Alcohol & Drugs Partnership (ADP) is tasked with delivering a reduction in the level of drug and alcohol problems amongst young people and adults in the Borders, and reducing the harmful impact on families and communities. We are committed to working with the Scottish Government, colleagues, people in recovery and local communities to tackle the problems arising from substance misuse.

The ADP Strategy 2015-2020 outlines high level actions which will help deliver on that task through our four key strategic aims of:

1. Reducing prevalence of alcohol and drug use by 5% by 2020 through prevention and early intervention
2. Reducing alcohol and drugs related harm to children and young people
3. Improving recovery outcomes for service users and reduce number of deaths from accidental drug use to fewer than four per year by 2020
4. Strengthening partnerships and governance structures

Governance

Our Annual Report is submitted and approved by the Community Planning Partnership. It is anticipated that regular reporting will be submitted to the Integrated Joint Board (IJB) of the Health and Social Care Partnership. These processes are still to be confirmed locally.

The ADP is made up of representatives from the following organisations:

NHS Borders (Public Health, Mental Health, NHS Borders Addiction Services, Borders General Hospital)
Scottish Borders Council (Elected Members, People Department, Safer Communities Team)
Police Scotland
Drug & Alcohol Third Sector organisations

1.1 ADP Core Outcomes

All ADP's in Scotland must deliver the Outcomes listed below, however, local priorities and outcomes can also be developed.

1. **Health:** people are healthier and experience fewer risks as a result of alcohol and drug use
2. **Prevalence:** fewer adults and children are drinking or using drugs at levels or patterns that are damaging to themselves or others
3. **Recovery:** individuals are improving their health, well-being and life-chances by recovering from problematic drug and alcohol use
4. **Families:** children and family members of people misusing alcohol and drugs are safe, well-supported and have improved life-chances
5. **Community safety:** communities and individuals are safe from alcohol and drug related offending and anti social behaviour
6. **Local environment:** people live in positive, health-promoting local environments where alcohol and drugs are less readily available
7. **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

2 CONTEXT

The Road to Recovery¹, Essential Care², Changing Scotland's Relationship with Alcohol³ and the Quality Alcohol Treatment and Support Report⁴, underpinned the aims of our 2012-15 strategy. Since then the Review of Opioid Replacement Therapy⁵ and production of Quality Principles⁶ for alcohol and drugs services have given a further critique and guidance respectively on how ADP's should ensure high quality effective services and interventions should be delivered.

¹ The Road to Recovery: A New Approach to Tackling Scotland's Drug Problem, May 2008: <http://www.scotland.gov.uk/Publications/2008/05/22161610/0>

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

³ Changing Scotland's Relationship with Alcohol: A Framework for Action, March 2009: <http://scotland.gov.uk/Publications/2009/03/04144703/0>

⁴ Quality Alcohol Treatment and Support (QATS) Report, 2011, <http://www.gov.scot/Publications/2011/03/21111515/0>

⁵ Scottish Drug Strategy Delivery Commission: Independent Expert Review of Opioid Replacement Therapies in Scotland: Delivering Recovery, 2013, <http://www.scotland.gov.uk/Publications/2013/08/9760/downloads>

⁶ The Quality Principles: Standard Expectations of Care and Support in Drug and Alcohol Services, 2014, <http://www.scotland.gov.uk/Publications/2014/08/1726/downloads>

The Children's and Young People (Scotland) Act 2014 set out the requirement for the establishment of the Getting it Right for Every Child (GIRFEC) named person role. The local implementation of this role is in development and the ADP will require to understand any implications for its work. A multi-agency partnership group has reviewed and adapted Children Affected by Parental Substance Use in anticipation of the resulting changes.

The process of Health and Social Care Integration will mean significant changes to the landscape of how services are planned. A key principle within integration is that of 'locality'. Alcohol and drugs services are already implementing a locality focussed model with the adult service holding regular integrated team meetings to ensure appropriate responses to needs.

In addition, public funding is subject to ongoing constraints. It is not possible to confirm ADP funding for the length of this strategy, however, we anticipate alcohol and drugs remaining firmly on the Public Health and Safer Communities agendas. Each of our local alcohol and drug services are jointly funded either from NHS Borders or Scottish Borders Council. It is likely that our partners will continue to require to make efficiency savings targets over the next five years. Appendix 1 shows 2014-15 budget arrangements.

3 LOCAL OVERVIEW

Page 7 shows some key local data relating to alcohol and drugs in Borders and how this compares to Scotland as a whole. The data presented will form part of a suite of indicators to allow the ADP to monitor performance and progress over the next five years. The local Delivery Plan 2015-18 outlines the full set of local and national indicators.

BORDERS ALCOHOL & DRUGS PARTNERSHIP STRATEGY 2015-2020 OVERVIEW

Prevalence in Adults

1% of population in Borders are estimated to have problem drug use

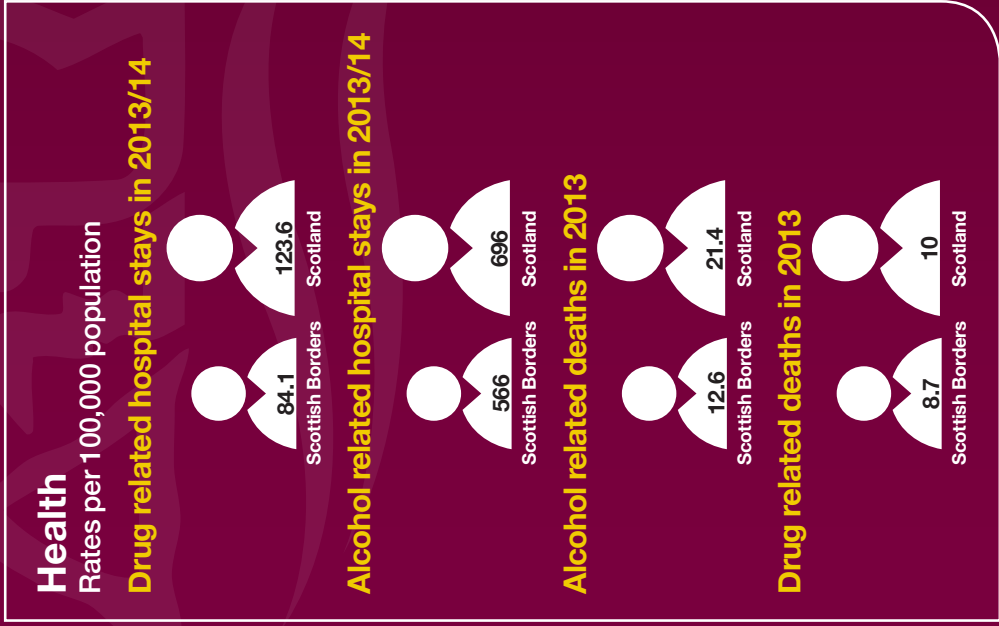
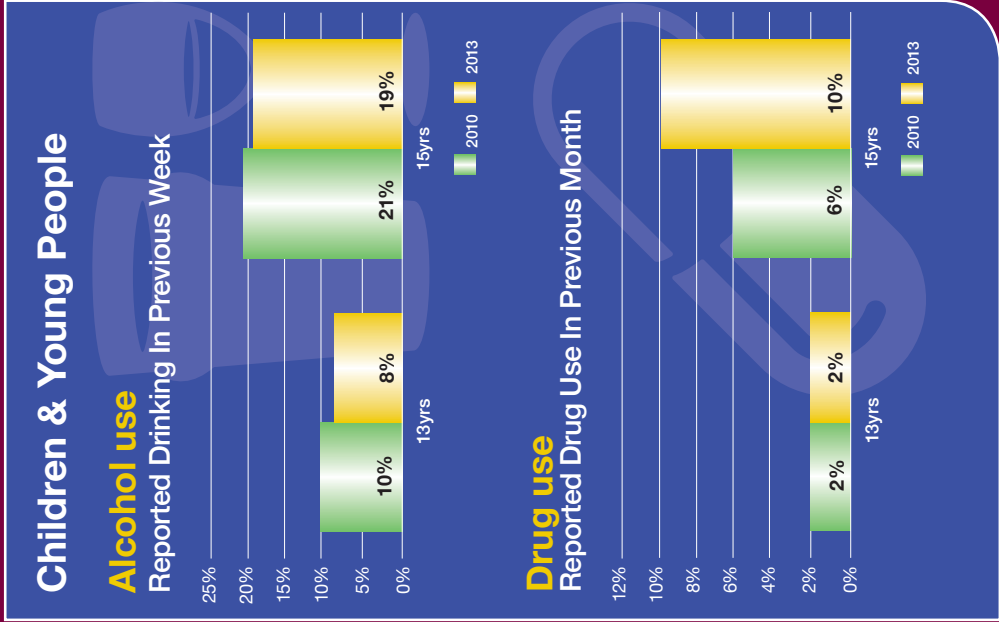
43% of population drink outwith recommended guidelines

Emergency Department Attendances - BGH 2013/14

4% 983 of attendances to Emergency Department had alcohol as contributing factor

Alcohol related attendances by gender

Female **36%** Male **64%**



4 STRATEGIC AIMS

Our strategic aims will be delivered through partnerships across sectors, services and with service users and people in recovery. This section outlines our commitments to delivering our aims.

In our 2013-14 Annual Report we 'benchmarked' our data against a 'family' of seven similar local authority areas. These areas are: Moray, Stirling, East Lothian, Angus, Highland, Argyll and Bute and Midlothian. Our overall aim is to be the best performing ADP within our benchmarking family on all national ADP performance indicators.

Strategic Aim: 1

Reducing prevalence of alcohol and drug use in adults by 5% by 2020 through prevention and early intervention

We will do this by:

Promoting healthier attitudes towards alcohol by creating positive, health-promoting cultures, for example within organisations for staff and service users while increasing understanding of the risks of drug use.

Reducing the availability of alcohol and illicit drugs.

Through regular communication with local communities through the media remembering that there are different messages relating to alcohol and drugs.

Specific activities:

Review NHS Borders and Scottish Borders Council alcohol and drugs policies.

Produce a local Alcohol Profile.

Production and delivery of a Communication Plan.

Key performance indicators:

% of problem drug users (15yrs-64yrs)

Individuals exceeding daily/weekly drinking limits

Individuals binge drinking

Individuals problem drinking

Number of Alcohol Brief Interventions delivered

Personal Licenses in force (on/off trade)

Serious assault, Common Assault, Vandalism, Breach of Peace, Drug use funded by crime

Perception of rowdy behaviour and drug misuse in neighbourhood

Strategic Aim: 2

Reducing alcohol and drugs related harm to children and young people

We will do this by:

Supporting the development of healthy environments which reduce initiation of alcohol and drugs use by children and young people.

Ensuring children and young people affected by their own or parental substance use are identified and supported.

Specific activities:

Providing learning opportunities for childrens social work services and adult alcohol and drugs services to increase understanding of the impact of recovery on families and children.

Reviewing ADP links with Looked After and Accommodated Children.

Develop information sharing protocols between the Children and Families Service and Social Work.

Key performance indicators;

Drug use in last month (pupils aged 15)

Drug use in last year (pupils aged 15)

Weekly drinking (pupils aged 15)

Maternities with drug use

Child Protection cases with parental alcohol /drug use

Percentage of children attending Children and Families Service who report reductions in alcohol and drugs use

Percentage of parents attending Children and Families Service who report positive parenting outcomes measures

Strategic Aim: 3

Improve recovery outcomes for service users and reduce number of deaths from accidental drug use to fewer than four per year by 2020

We will do this by:

Continuing to develop our Recovery Oriented System of Care (ROSC) through ensuring local services and interventions align with policy recommendations and incorporate the Quality Principles.

Ensuring evidenced based recovery interventions aimed at reducing drug and alcohol-related illness and deaths, improving health and ensuring testing, advice, immunisation and treatment support for those at risk from blood-borne viruses.

Increasing post treatment opportunities for people in recovery.

Ensuring equality of access to alcohol and drugs services and appropriate, inclusive and non-stigmatising responses for vulnerable groups such as those fleeing violence and older drug users and those groups with known higher prevalence, or whose needs are not being met i.e. drug and alcohol-related offenders, LGBT community.

Improving support and involvement of those affected by another's substance misuse.

Increasing knowledge amongst colleagues, service users and family members of the risk factors for drug related deaths, recognising the signs of overdose, increasing availability of Naloxone and adopting learning from national and local data.

Reducing stigma through regular communications to the general public and advising media colleagues on non-stigmatising ways of presenting information.

Specific activities:

Work with the Borders Carers Centre to deliver a Family/Carers engagement event to help shape our response to Carers and Families.

Implement model for reducing drug related deaths (page 15).

Provide joint learning opportunities for gender based violence services and alcohol and drugs services to support joint working.

Key performance indicators:

Alcohol related hospital stays

Alcohol related mortality

Drug related discharges

Drug related mortality

% of problem drug users with Take Home Naloxone

Alcohol and Drug Treatment Waiting Times

Prevalence of Hepatitis C in people who inject drugs

Referral and DNA rates for adult services

Numbers of individuals attending post treatment support/recovery groups

Strategic Aim: 4

Strengthening partnerships and governance structures

We will do this by:

Continuing to develop service user and family involvement and influence within the ADP and services.

Continuing to strengthen strategic links and partnerships between the ADP, Child Protection and Adult Protection Committees, Criminal Justice Group, Health and Social Care Partnership, Community Planning Partnership, NHS Borders, Scottish Borders Council and other key stakeholders to strengthen local arrangements for screening, identification, communication and early intervention across adult and children's services.

Implementing a Workforce Development Plan to improve alcohol and drugs knowledge across our specialist, allied and universal workforce.

Ensuring interventions and services locally are informed by need and evidence; are outcome focussed and that robust monitoring and evaluation is in place.

Specific activities:

Delivery of communication plan.

Embed the Quality Principles by using the findings of a service user survey to identify and address areas for improvement.

Quarterly performance reporting to ADP Executive Group.

Delivery of Workforce Development Plan.

Key performance indicators:

Compliance with Scottish Drugs Misuse Database (SDMD)

Quarterly reports submitted to ADP Executive Group

Service user feedback reviewed monthly

Increase in numbers of alcohol and drug clients accessing independent advocacy support

4.1 Strategy development and areas for improvement

The ADP has used a co-production approach to development of this strategy. The strategic aims and activities going forward are based on feedback obtained from stakeholders via Focus Groups. Themed Focus Groups were held with colleagues from early years, children and young people, adults and criminal justice settings; service users; and young people. Participants discussed commitments from our previous strategy and identified areas for improvement going forward which were included in our initial draft strategy.

An electronic consultation was carried out on the initial draft strategy which informed this final document.

This section provides a brief overview of the key areas for improvement identified in the Focus Groups.

4.2 Recurrent themes

Communications and Workforce Development were recurrent themes within the focus groups.

Participants discussed communication problems both for people wishing to access services and for staff. It was felt that both groups were not always clear what services were available and what they offered. In addition, reference was made to barriers to information sharing and communication between services, for example, lack of an integrated IT system across health and local authority.

All groups felt there was potential for workforce development across universal and allied services.

4.3 Recommendations for action: Priorities for 2015/16

There were specific gaps or areas of work which were identified as underdeveloped. These areas are recommended to be prioritised in year one of the strategy.

Recommendation	Strategic Aim
1. Develop a communication plan for stakeholders and the wider public with appropriate messages re: alcohol and drugs and services available	1
2. Providing learning opportunities for childrens social work services and adult alcohol and drugs services to increase understanding of the impact of recovery on families and children	2
3. Implement a model to support young people to build skills and knowledge relating to alcohol and drugs	2
4. Explore potential increased links with staff engaging with Looked After and Accommodated Children	2
5. Increase post treatment recovery opportunities	3
6. Ensure involvement of alcohol and drugs services with community justice	3

5 FOCUS ON DRUG RELATED DEATHS

5.1 Introduction

Drug related deaths (DRD) in Scotland have been 'unacceptably' high. These deaths are preventable and ADP's have been tasked with developing a strategy to reduce deaths in local areas.

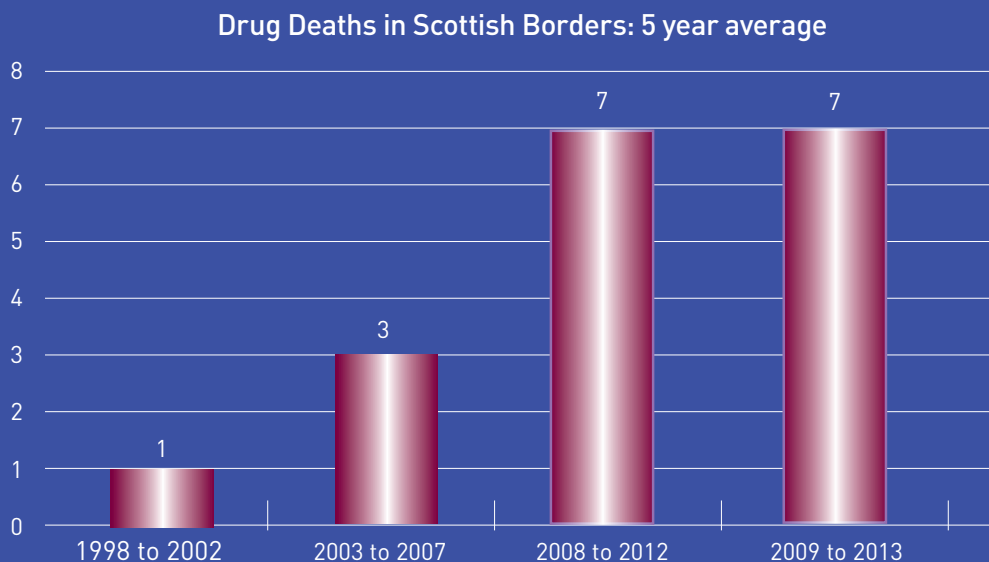
A local Drug Related Death Review group, chaired by the Independent Adult Protection Chair meets on a regular basis to review circumstances of individual deaths in Borders. Any implications for policy or practice are then taken back through members to their organisations for progression. There is also a national minimum data set which is collected to enable analysis and identification of trends with the aim of identifying potential preventative interventions. The group produces an action plan each year.

Nationally, risk factors for DRD have been identified as follows. Borders experience reflects the national picture:

- On release from prison
- On leaving residential rehabilitation or hospital
- When recently undertaken detox
- Recently relapsed
- When in poor physical or mental health
- After a recent life event, such as bereavement, relationship breakdown or loss of custody of children
- Being a longer-term user
- During festive periods, weekends or holidays

5.2 Local data

Due to the small numbers involved in the Scottish Borders, caution should be taken when assessing any apparent trends. Therefore using five year averages is a better indication. Data from 1998-2013 is presented below.



The National Records of Scotland's Drug Related Deaths 2013 Report⁶ was published in August 2014. Data from this report shows rates per 1,000 population and also per 1,000 problem drug users

	Borders	Scotland
Average deaths per 1,000 population 2009-13	0.06	0.1
Average deaths per 1,000 relative to the estimated number of problem drug users 2009-13	12.8	9.1

The low rate per 1,000 population reflects a relatively low rate of problematic drug use in Borders compared to Scotland.

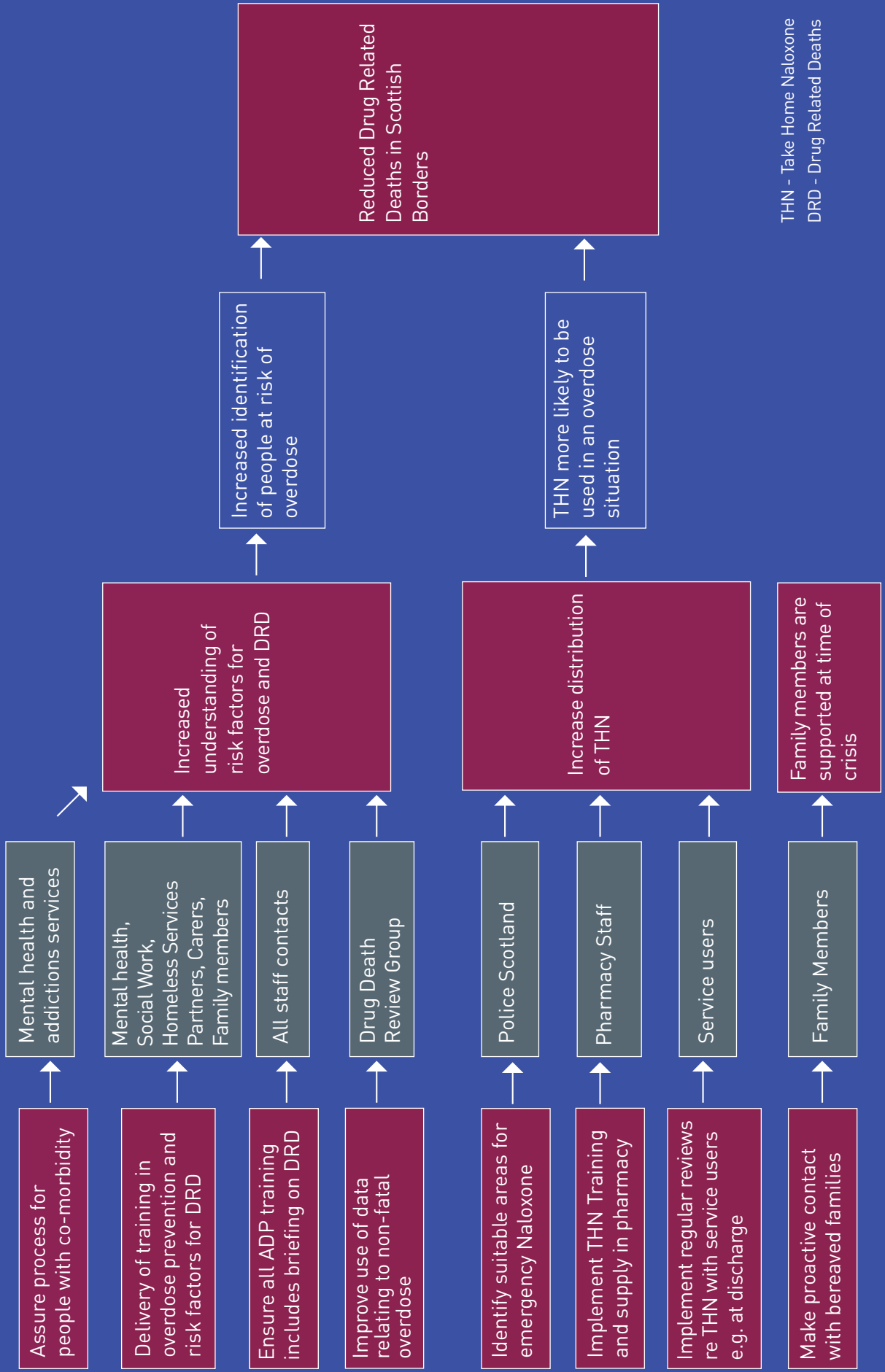
We have the highest rate of average deaths per 1,000 per problem drug user in Scotland. Our estimated population of problem drug users is 580 based on a 2009/10 national prevalence study. Given the small number of deaths and problem drug users any individual death can greatly affect the calculated rate per 1000.

The ADP has developed the model overleaf to articulate our approach to reducing DRD.

⁶ <http://www.gro-scotland.gov.uk/statistics/theme/vital-events/deaths/drug-related/2013/index.html>.

5.3 Model to reduce drug related deaths

To reduce number of deaths from accidental drug use to fewer than four per year by 2020.



THN - Take Home Naloxone
DRD - Drug Related Deaths

5.4 Alcohol related deaths

While we have developed a specific strategy to reducing drug related deaths the ADP is also committed to reducing alcohol related deaths.

Most drug related deaths occur in an accidental overdose situation whereas there are very rarely alcohol related deaths associated purely with acute intoxication and these are much more likely to be as a result of experiencing end stage liver disease or cancers. Individual case management is a clinical responsibility.

Deaths from both alcohol and drugs can be prevented if we firstly reduce the number of people experiencing problematic use and secondly ensure services are equipped to respond to those who develop problems. We believe our strategy aims to ensure both these objectives are fulfilled. There are specific areas of work in which the ADP is involved which will contribute to prevalence of alcohol problems:

- Reducing access and availability: the ADP is represented on the Local Licensing Forum and takes a lead role in developing an Alcohol Profile which documents impact of alcohol in Borders and supports the Licensing Board in its decisions. The ADP has also developed a process to ensure objections to applications can be lodged based on the Board's Policy and the Licensing Objectives
- A continued commitment to delivery of Alcohol Brief Interventions (ABI's) in NHS and wider settings will ensure early identification of harmful and hazardous drinking

However, while 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.

6 MONITORING PROGRESS

Supporting this strategy is an ADP Delivery Plan 2015-18 which sets out key activities, indicators and timescales against each of the Core Outcomes listed to address our strategic aims.

Progress will be monitored via the following mechanisms:

- Monthly reporting on alcohol and drugs service waiting times target
- Monthly reporting on ABI target
- Review of service user minutes at each meeting of the Executive Group
- Quarterly performance report to ADP and ADP Executive Group
- Quarterly financial report to the ADP and ADP Executive Group
- A minimum of six monthly contract monitoring meetings with commissioned services
- Annual ADP Service User Survey
- Annual Alcohol Profile updates will collate local information relating to alcohol related harm
- Annual Reports based on the Strategy and Delivery Plan will be submitted to the Community Planning Partnership and Scottish Government.

7 CONCLUSIONS

The ADP is committed to ongoing improvements and developments in our ROSC. The strategic approach outlined above informs our 2015-2018 Delivery Plan.

Appendix 1 2014-15 Budget

Scottish Government Ring Fenced ADP Allocation 2015-16	
Funding	
Alcohol Prevention, Treatment and Support	£1,039,066
Drug Services and Support	£315,141
Total 15-16 Allocation*	£1,354,207
Projected Expenditure	
TIER 1	
Responsible Drinking	£1,000
TIER 2/3	
Low- Moderate Needs & Integration Service	£269,871
Children & Families Service	£169,049
Service User Involvement	£10,000
Advocacy	£10,000
Primary Care - Locally Enhanced Service	£50,000
Primary Care - Blue Bay Licence (ABIs)	£3,960
Social Work Planning Post	£10,300
Social Work Support Worker	£30,488
NHS Borders Addictions Service	£573,207
OTHER	
NHS Borders Corporate Support	£45,104
ADP Support Team - Pays & Supplies	£124,428
Scottish Drugs Forum - Voluntary Representation	£6,800
Star Outcomes	£1,386
Service User Involvement	£1,000
Development Fund	£7,000
Naloxone Kits	£3,000
Pharmacist (0.2wte)	£13,100
CAAP (0.5wte)	£24,514
Total Projected Expenditure	£1,354,207
Variance To Budget	£0

* For planning purposes, in the absence of an allocation letter to date, Borders ADP has assumed assumed similar levels of core funding in 2015-16 to that in 2014-15 (£1,354,207)

APPENDIX 2 FOCUS GROUP PARTICIPANTS

Bridie Ashrowan, Manager, Youth Borders
 Andrea Beavon, Violence Against Women Co-ordinator, Scottish Borders Council
 Mandy Brotherstone, Head of Children's Services, NHS Borders
 Steve Cairns, Lothian and Borders Criminal Justice Authority
 Anne Chalmers, Paediatric Nurse Practitioner, NHS Borders
 Greig Coull, Consultant Psychologist, Borders Addiction Service, NHS Borders
 Heather Coupek, Alcohol and Drugs Social Worker, NHS Borders
 Amanda Erskine, Adult Survivor's Service, Children 1st
 Escape Youth Cafe, Hawick
 Tania Ferguson, Health Visitor, NHS Borders
 John Fyfe, Social Work Group Manager – Criminal Justice, Scottish Borders Council
 Paula Gaunt-Richardson, Children's Services Manager, Action for Children
 Mark Holroyd, Service Manager, Addaction
 Justin Hulford, LALO, Safer Communities, Scottish Borders Council
 Matilda Jaffray, Project Worker, Penumbra Youth Project
 Eleanor Kerr, Senior Nurse, Child Protection Unit, NHS Borders
 Beauty Kureya, Public Health Nurse Team Leader, NHS Borders
 Diana Leaver, Community Paediatrician, NHS Borders
 Gill Lunn, Midwife, NHS Borders
 Adrian Mackenzie, Pharmacist, NHS Borders
 Lynda Mays, Service Manager, Borders Addiction Service, NHS Borders
 Allyson McCollam, Joint Head of Health Improvement, NHS Borders
 Julie Murray, Public Health Principal, NHS Borders
 Isobel Nisbet, Social Work Group Manager
 Lorna Peddie, Support Worker, Action for Children
 People in Recovery
 Diana Potter, Policy, Planning and Performance Officer, Scottish Borders Council
 Gemma Roberts, Community Addictions Nurse, Borders Addiction Service, NHS Borders
 Rowland's, Selkirk
 Hilary Scott, Team Leader, ADP National Support Team, Scottish Government
 John Scott, Inspector, Police Scotland/Safer Communities
 Kerr Scott, Anti-social Behaviour Unit Officer, Safer Communities, Scottish Borders Council
 Susan Templeman, Social Work Team Leader, Scottish Borders Council
 Joanne Young, LAC Lead Clinician, NHS Borders
 Sandra Young, Specialist Community Public Health Nurse Student, NHS Borders

APPENDIX 3 FEEDBACK FROM FOCUS GROUPS

Early Years

Increasing understanding between children's service and adult alcohol and drugs services of the potential impacts and risks of recovery.

Recommendation:

Colleagues in early years settings felt that those parents for whom alcohol and drugs use was identified as a problem obtained good and co-ordinated support, however, there was a concern that there may be families impacted by substance use who may go 'under the radar' as professionals were not aware. This is a workforce issue.

Workforce and practice development is required to ensure alignment of the adult timetable for recovery with the Child's Plan. It was felt that there needs to be increased understanding between children's service and adult alcohol and drugs services of the potential impacts and risks of recovery.

Children and Young People

The children and young people focus group acknowledged the importance of wider cultural and organisational attitudes to reducing prevalence in young people. In particular the potential benefit of workplace policies was noted as well as the role of the Licensing Board.

A question was raised regarding how children and young people could be equipped via substance misuse education (SME). While this is challenging given the lack of evidence in support of SME it is the case that education settings provide an opportunity to provide skills and knowledge building for young people.

Particular mention was made of the needs of Looked After Children.

Adults

The appropriate use of data and improving use of data about both who uses and does not use our services.

The need to focus both on recovery but also holistic health care needs such as oral health and smoking while also using an asset based approach.

The importance of ensuring access across all potential clients groups who might have different needs, for example, people who identify as LGBT or older adults.

Operationally it was felt that there was at times a lack of co-ordination around an individual's plan.

Criminal Justice

The use of data and understanding offender profile was felt to be key.

The importance of other 'non traditional' partners who might support early and effective intervention, e.g. youth groups.

It was suggested that there may be particular needs for children and young people in care.

Co-ordination of support for people on release from prison has been a concern but there Criminal Justice is leading an operational steering group for this.

An overall theme of partnership working was discussed.

Service Users

Service users continued the theme regarding communication as they reported they were not aware of the sort of help that might be available to people who needed it. They felt that they may have contacted a service earlier if they had known about it rather than wait until things were very difficult before going to their GP who then referred them on.

The group felt that more could be done to develop 'Recovery Cafe' activities but recognised that these would not be for everyone and the challenges locally in establishing a sufficient number of people in recovery to sustain cafes.

Young People

In the focus group young people discussed how they had seen adult members of their family be very drunk and that this made alcohol seem like fun.

They felt they had access to good information from school and the internet and did not see that there was a concern about alcohol and drugs in their area.

APPENDIX 4 AN OVERVIEW OF RECOVERY

The ADP Investment Review focussed on how to develop a ROSC locally and this work is ongoing. Recovery should be at the heart of any drug or alcohol service or whole system of care. Recovery will mean different things to different people at different times and therefore that is why recovery is most effective when the individuals needs are placed at the centre of their care and treatment, more commonly referred to as a 'person centred approach'.

Evidence tells us that recovery does not happen quickly with it typically taking four to five years for alcohol users and estimates of five to seven years for opiate users. Effective treatment (including substitute prescribing) and sustained community support has a key role to play in recovery, with the benefits not only to the individual but also their family and community.⁷ It must also be recognised that some service users have experienced significant child and adult trauma and may require sustained support and treatment for longer periods of time.

Recovery Capital, maybe described as containing four components⁸:

Social capital – supportive family members, obligations to family members (becoming a mother), part of a mutual aid group

Physical capital – employment, housing income (NB Having physical capital does not necessarily protect someone from developing dependence, particularly alcohol)

Human capital – skills, aspirations, hope and positive health

Cultural capital – lower acceptability of substance use

It is worth noting that many people will recover from drug and alcohol dependence without any formal intervention 'natural recovery', however this is more likely for individuals with low dependence and high recovery capital.

⁷ Research for Recovery: A Review of the Recovery Evidence, Best Et Al 2010 <http://www.scotland.gov.uk/Publications/2010/08/18112230/0>

⁸ Recovery From Drug and Alcohol Dependence: An Overview of the Evidence, Advisory Council on the Misuse of Drugs, 2012, <https://www.gov.uk/government/publications/acmd-recovery-from-drug-and-alcohol-dependence-an-overview-of-the-evidence-2012>

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Scrutiny Committee – Review Subjects 2016/17

Timetabled for Scrutiny Meetings

Source	Issue/Description	Stage	Scrutiny Committee Meeting Date
1(a) Scrutiny Committee	Drugs and Alcohol Strategy.	Elaine Torrance, Chief Social Work Officer; Tim Patterson, Joint Director of Public Health, Fiona Doig.	24 November 2016
2(a) Scrutiny Committee	Policies and Procedures for Protective Marking of Documents and Management of Information.	Information Governance Board to make presentation.	24 November 2016
3(a) Lib Dem Group	Implications of the Community Empowerment Act on the Council – <i>“there may be multiple implications of the Community Empowerment Act e.g. disposal of assets either SBC or Common Good, the transfer of local services to community groups who wish to take them on, future provision of allotments etc.”</i>	Presentation from Shona Smith, Communities & Partnership Manager and Douglas Scott, Senior Policy Advisor on Communities and Partnership.	26 January 2017
4(a) Scrutiny	The impact of third party use on the Local Authority’s road network, e.g. timber transportation and wind turbine transportation.		26 January 2017
5(a)	Health and Social Care Integrated Joint Board	To be arranged.	Feb or March 2017 meeting.
6(a)	Police, Fire & Rescue and Safer Communities Board	To be arranged.	Feb or March 2017 meeting.
7(a)	Scrutiny Committee Decision	Report listing all recommendations and the impact decisions have made.	16 February 2017

Review Subjects to be considered/awaiting further information

Source	Issue/Description	Stage	Scrutiny Committee Meeting Date
1(b) Councillor Gillespie	Home Schooling. To consider the requirement for a change in the law to ensure health assessments for home schooled children are carried out. Also to investigate parents undertaking an examination to ensure that they were adequate educators for primary secondary school education.	Donna Manson, Service Director Children & Young People will provide private updated.	Private Briefing for Members in November 16/ January 17. J Clerk to the Council to discuss with Ms Manson and advise at next meeting.
2(b) Councillor Archibald	Artificial sports pitches. Briefing paper to be brought forward on existing artificial pitches in the Scottish Borders, to include information on the use costs, benefits and issues of these facilities.	Presentation from Rob Dickson, Corporate Transformation and Services Director.	Deferred until report considered by Executive Committee.
3(b) Royal Burgh of Peebles & District Community Council	This issue relates to how (and under what circumstances) community consultation is designed, planned and managed and how the processes by which Council canvasses the views of local communities can be facilitated and improved upon. In particular, use the example of the process that led to the decision by the Council's Executive Committee to agree that Victoria Park, Peebles is the preferred location for a 3G pitch.	Presentation from Rob Dickson, Corporate Transformation and Services Director.	Removed. (Paragraph 2.2 of the minute of 18 August 2016 refers).

Reviews Completed 2015/16

Source	Issue/Description	Stage	Scrutiny Committee Meeting Date
1(c) Councillor Nicol	Review of Bridges Assets. The review should include the condition of bridges on the register and the processes for inspection and maintenance	Presentation by Martin Joyce, Service Director Assets & Infrastructure	27 October 2016. Completed.
2(c) Councillor Torrance	Social Work Duty Hub	Graeme Dobson, Project Manager, Les Grant, Customer Services Manager	27 October 2016. Completed.
3(c) Councillor Nicol	Recycling Centres. Update on remarketing of goods for recycling at Community Recycling Centres, including how other authorities approached this.	Presentation by Jenni Craig, Service Director Neighbourhood Services and Ross Sharp-Dent, Waste Manager.	22 September 2016. Completed.
4(c) Councillor Cockburn	Asymmetric Week	Presentation by Donna Manson, Service Director Children & Young People, Ms M Strong, Chief Officer Education & Lifelong Learning; Mr P Fagan & Ms A M Bready, Headteachers.	22 September 2016. Completed.
5(c) Ettrick and Yarrow Community Council	Great Tapestry of Scotland Working Group – Report	Report by Scrutiny Committee Working Group, presented by Councillor Mountford	18 August 2016. Completed.
6(c) Greenlaw and Hume Community Council	To consider outsourcing success stories from this Council and elsewhere in Scotland in particular where the service has been outsourced to a third sector organisation	Presentation by Kathryn Dickson, Procurement & Payment Services Manager.	18 August 2016. Completed.
7(c) Councillor Torrance	School Transport and Escorts	Presentation by Dona Manson, Service Director Children and Young People.	28 April 2016 Completed.

Source	Issue/Description	Stage	Scrutiny Committee Meeting Date
8(c) Scrutiny Committee	Following the review on road repairs maintenance, presented to the January meeting of Scrutiny Committee. There was a further report to the March meeting on the implications on the capital and revenue budgets of the trunk status of the A72 and A7. Scrutiny Committee requested a further report identifying the revenue and capital costs of works to individual roads in the roads infrastructure.	Report from Asset Manager.	28 April 2016. Completed.
9(c) Councillor Logan	Support for Highly Able Learners in Schools	Presentation by Donna Manson, Service Director Children & Young People.	28 April 2016. Completed.
10(c) Scrutiny Committee	Financing arrangements for the Transport Interchange in Galashiels – to include subsidy arrangements and departure charges.	None	24 March 2016. Completed.
11(c) Councillor Archibald	Equalities Legislation. Consideration on the Council's up to date grant application form and information on how legislation is applied to local festivals, in particular where the Council awards grants.	None.	24 March 2016. Completed.
12(c) Councillor Bhatia	Protection of Private Water Supplies – “in relation to Planning e.g. when a planning application is granted which requires an additional private supply or taking water from an existing private supply, how do existing householders ensure that their supply is protected? This may be purely a civil matter or the Council may have a role. This is further exacerbated with large forestry/windfarm applications.”	Recommendation to be considered by Executive Committee on 22 March 2016.	18 February 2016. Completed.
13(c) Ettrick and Yarrow Community Council. Allocation of budgets for rural maintenance and repairs.	To review extent to which the SBC budget for road repairs and maintenance is sufficient to meet need and the not unreasonable expectation that roads will be maintained in a safe condition. Within this context, to particularly examine how the allocation of budget for rural roads is arrived and whether more should be allocated.	Recommendation considered by Executive Committee on 8 March 2016 – accepted.	28 January 2016. Completed.

Source	Issue/Description	Stage	Scrutiny Committee Meeting Date.
14(c) Graeme Donald	Religious Observance Policy } These were } presented together at }	None – briefing session	29 October 2015. Completed.
15(c) Scrutiny Committee	Faith Schools } the same meeting. }	None – briefing session.	29 October 2015. Completed.
16(c) Councillor Turnbull	Fees for taxi licensing – the amount paid to outside bodies in administering taxi licensing and how the fees for a licence in the Borders compare with those of neighbouring authorities.	Information emailed to Cllr Turnbull from Licensing Team Leader on 5/10/15. Cllr Turnbull does to wish to pursue further.	14 October 2015. Completed.
17(c) Scrutiny Committee	Attainment levels in Schools in Deprived Areas.	None – briefing session.	24 September 2015. Completed.
18(c) Scrutiny Committee	Mainstream Schools and Children with Complex Additional Support Needs	None – briefing session.	24 September 2015. Completed.
19(c) Scrutiny Committee	Funding available to Community Councils	Presentation from Clare Malster, Strategic Community Engagement Officer	11 June 2015. Completed.
20(c) Scrutiny Committee	Presentations on Planning Enforcement and Building Inspection Regime.	Presentation from Alan Gueldner, Lead Enforcement and Mr James Whiteford, Lead Building Standards Surveyor.	11 June 2015. Completed.
21(c) Scrutiny Committee	Procurement Control of contractors policy/repairs & maintenance framework agreement procurement project.	Presentation by Kathryn Dickson, Procurement and Payment Services Manager, Graham Cresswell, Health & Safety Manager; Ray Cherry, Senior Architect; Stuart Mawson, Property Manager.	28 May 2015. Completed.
22(c) Scrutiny Committee	Use of Small Schemes and Quality of Life Funding by Area Fora.	Report by Jenni Craig, Service Director Neighbourhood Services.	26 March 2015. Completed.

