

Public Document Pack

SCOTTISH BORDERS COMMUNITY PLANNING STRATEGIC BOARD THURSDAY, 8TH SEPTEMBER, 2016

A MEETING of the COMMUNITY PLANNING STRATEGIC BOARD will be held in the COUNCIL CHAMBER, COUNCIL HEADQUARTERS, NEWTOWN ST BOSWELLS on THURSDAY, 8TH SEPTEMBER, 2016 at 2.00 PM

J. J. WILKINSON,
Clerk to the Council,

2 September 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 9 June 2016. (Copy attached.)	2 mins
5.	Action Tracker (Pages 9 - 12) Consider Action Tracker for Strategic Board decisions. (Copy attached.)	2 mins
6.	Alcohol and Drugs Partnership Annual Report (Pages 13 - 42) Consider presentation and report by ADP Chair on the information in the Alcohol and Drugs Partnership Annual Report for 2015/16. (Copy attached.)	20 mins
7.	Care Inspectorate Report - Joint Inspection of Services for Children and Young People in the Scottish Borders (Pages 43 - 48) Consider report by SBC Depute Chief Executive (People) on the key findings of the Care Inspectorate Report, key strengths and areas for improvement, and how these improvements will be delivered. (Copy attached.)	20 mins
8.	Community Planning Partnership Governance Consider report by SBC Corporate Transformation and Services Director on proposed amendments to the governance arrangements for the Scottish Borders Community Planning Partnership which are in line with the requirements of the Community Empowerment (Scotland) Act 2015. (Report to follow.)	20 mins

9.	Dates of Next Meetings	
	<ul style="list-style-type: none"> • 24 November 2016 – 2.00 p.m. • 2 March 2017 – 2.00 p.m. • 8 June 2017 – 2.00 p.m. 	
10.	Any Other Items Previously Circulated.	
11.	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 D. Parker – Chairman (Leader, Scottish Borders Council)
 Councillor S. Bell (Executive Member for Economic Development, Scottish Borders Council)
 Councillor C. Bhatia (Depute Leader - Health Service, Scottish Borders Council)
 Councillor J. Brown (Executive Member for Community Planning, Scottish Borders Council)
 Mr T. Burrows (Chairman of Eildon Housing Association)
 Councillor M. J. Cook (Executive Member for HR and Corporate Performance, Scottish Borders Council).
 Mr P. Duncan (Chairman of Live Borders)
 Mr A. Perry (Scottish Fire and Rescue representative)
 Councillor G. Edgar (Vice-Chairman of SESTRAN)
 Mrs M. Hume (Third Sector Representative)
 Chief Superintendent I. Marshall (Divisional Commander, Police Scotland)
 Mr A. Jakimciw (Chairman of Borders College)
 Councillor S. Mountford (Chairman of SBHA)
 Mr A. McKinnon (Regional Director - South of Scotland, Scottish Enterprise)
 Mr J. Raine (Chairman of NHS Borders)
 Dr D. Steele (Vice Chairman of NHS Borders)
 Ms R. Stenhouse (Chairman of Waverley Housing)
 Not available for meetings (Convener of Berwickshire 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 T. Patterson, Joint Director of Public Health, SBC/NHS; Mr R. Dickson, Director Corporate Transformation and Services; Mr D. Robertson, Chief Financial Officer.

Live Borders – Mr E. Jackson

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

Third Sector – 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

Tel: 01835 825004 Email: jjwilkinson@scotborders.gov.uk

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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 9 June 2016 at
2.15pm.

Present:- Councillors J. Brown (Chairman), S. Bell, M. Cook; Mr T. Burrows (Eildon Housing); Mr G. Farries (Scottish Fire and Rescue Service); Mrs M. Hume (3rd Sector Interface); Mr A. McKinnon (Scottish Enterprise); Mr J. Raine (NHS Borders); Superintendent B. Rogers (Police Scotland).

Apologies:- Councillors D. Parker; C. Bhatia; Mr P. Duncan (Live Borders); Councillor G. Edgar (SESTRAN); Mr T. Jakimciw (Borders College); Chief Superintendent I. Marshall (Police Scotland); Councillor S. Mountford (SBHA); Mr D. Rennie (Scottish Enterprise); Dr D. Steele (NHS Borders). Mrs R. Stenhouse (Waverley Housing).

Also Present:- Mr J. Paton-Day (Borders Community Council Network).

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

1. **CHAIRMAN**

In the absence of the Chairman (Councillor Parker), Councillor Brown chaired the meeting. There followed a round of introductions.

2. **MINUTE**

There had been circulated copies of the Minute of the Meeting held on 3 March 2016.

DECISION

APPROVED the Minute for signature by the Chairman.

3. **ACTION TRACKER**

There had been circulated copies of the Action Tracker for Strategic Board decisions. The decision at paragraph 4.4(b) of the Minute of Meeting of 3 March 2016, had been that the SBC Communities and Partnership Manager, LSO Farries of the Fire and Rescue Service, and Mr Patterson of the Care and Repair Service take forward the possibility of the Fire and Rescue Service assisting with some minor adaptations as part of their home safety visits. The SBC Communities and Partnership Manager advised of the successful launch of the 'Living Safely at Home' programme which had taken place at the Cheviot Area Forum on 1 June 2016, which included all partners.

DECISION

NOTED.

4. **CHARTER FOR A TOBACCO-FREE GENERATION**

4.1 There had been circulated copies of a paper by Dr Tim Patterson, Interim Joint Director of Public Health, which outlined the requirements of 'Scotland's Charter for a Tobacco-Free Generation' and the invitation from ASH Scotland to the Community Planning Partners to adopt the Charter principles. Dr Patterson commented that overall within

Scottish Borders there was 20% smoking prevalence, but this rose to 30% in deprived areas. The Charter was ambitious but also extremely important. The Charter comprised six key principles:

1. Every baby should be born free from the harmful effects of tobacco;
2. Children have a particular need for a smoke-free environment;
3. All children should play, learn and socialise in places that are free from tobacco
4. Every child has the right to effective education that equips them to make informed positive choices on tobacco and health;
5. All young people should be protected from commercial interests which profit from recruiting young smokers;
6. Any young person who smokes should be offered accessible support to help them to become tobacco-free.

4.2 By signing the Charter, the partners would be pledging to “review our personal views, policy and practice so we can confidently help protect children from tobacco and so reduce the burden of tobacco on our communities”. Once an organisation or partnership had signed the Charter pledge, then ASH Scotland would contact them to establish current plans and activities relevant to the Charter principles. There would also be an expectation to commit to a number of additional actions and provide an update on progress towards these new actions. A copy of the Charter pledge was attached as Appendix 1 to the report, and a comprehensive list of actions which supported each of the principles which had been developed was attached as Appendix 2 to the report. For many of these actions, activities were already underway that could support delivery.

4.3 The Action Plan aimed to raise awareness of the dangers of second hand smoke across a wide range of settings; provide guidance on smoke free homes for parents and prospective parents; promote smoke free environments where children played, learned and socialised; promoted and supported the development of tobacco policies in nurseries/toddler groups, schools, youth work settings and workplaces; improved referral pathways to smoking cessation support for young people; and supported Trading Standards to reduce the supply of tobacco to young people. These actions involved supporting and working with a range of individuals, professionals and services which worked with children and families. Dr Patterson further explained that smoking was still the main cause of avoidable ill health/death so anything which gave prominence to its dangers helped. As one of the most harmful habits, this was not just a health organisation issue. Mr Farries commented that smoking was the second highest cause of house fires so any reduction was to be welcomed.

DECISION

AGREED:

- (a) **to support as a Partnership the principles of ‘Scotland’s Charter for a Tobacco-free Generation’ and the associated actions to implement the principles; and**
- (b) **to note that actions to support the adoption of the Charter principles would be overseen by the Scottish Borders Joint Tobacco Control Group and that annual reports on progress would be provided.**

5. RESPONDING TO THE COMMUNITY EMPOWERMENT (SCOTLAND) ACT 2015 – CONSULTATION ON COMMUNITY PLANNING DRAFT GUIDANCE AND REGULATION

There had been circulated copies of a report by the SBC Chief Executive requesting the Board consider and agree the response to the Scottish Government’s consultation paper on Community Planning Draft Guidance and Regulation. Community Planning Partnerships would be required to have regard to the guidance in undertaking community planning. The consultation paper was included at Appendix 1 to the report and comprised nine questions, in particular on whether there were common short/

medium term performance expectations which every Community Planning Partnership and partner should be expected to meet; whether Partnerships should be required to review, and if necessary, revise their plans after a specific period of time in every case; the latest date by which Partnerships had to publish progress reports on their Local Outcomes Improvement Plans and Locality Plans; and the maximum population size of Locality Plan areas, which in the draft guidance was up to 30,000. A draft response to the consultation was shown in Appendix 2 to the report. The Board considered the response and commented that it was good to get a composite response from partners to ensure no conflicts with individual responses; the watchword was flexibility as while leadership was required for community planning, the partners needed to have the freedom to carry out the work. Mr McKinnon requested that the response to Question 1 – about the key principles of community planning – should be extended to include an example of cross-border relationships e.g. plans needed to take account of travel to work, etc. This addition was agreed.

DECISION

AGREED:

- (a) the response to the Community Empowerment (Scotland) Act 2015 Part 2 Community Planning Consultation on Draft Guidance and Regulations as set out in Appendix 2 to the report, and including the additional example to Question 1 as noted in the narrative above;**
- (b) that a report be prepared for the Community Planning Strategic Board that would set out the process for implementing the key elements of the draft Guidance. This would include the:**
 - (i) creation of a plan with timelines for the development and implementation of the Local Outcomes Improvement Plan and the 5 Locality Plans;**
 - (ii) establishment of a briefing process to ensure that Community Planning Partners were aware of their responsibilities as set out in the draft Guidance. This would include briefing notes and presentations to partner governance boards; and**
 - (iii) identification of community bodies that represent the interests of people experiencing inequalities of outcome, and the ways in which they may wish to be involved, recognising that not all groups would want to be involved and that some groups may present themselves through the participation process.**

6. GOVERNANCE OF COMMUNITY PLANNING PARTNERSHIP

6.1

With reference to paragraph 5 of the Minute of 3 March 2016, there had been circulated copies of a paper by the SBC Chief Executive, Chair of the CPP Joint Delivery Team, presenting a membership proposal that aimed to 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. The governance proposal for the Strategic Board would see it change to a core Board which would meet 4 times per annum, to approve and then scrutinise the progress of the Local Outcomes Improvement Plan and the 5 Locality Plans, as well as receiving presentations or reports from each organisation on how they were contributing to the agreed priorities. The core Board would ensure that these agreed priorities would be articulated in the corporate planning documents of all partners, and accountability was demonstrated for the delivery of these priorities. The core Board would consist of representatives from Scottish Borders Council (5), NHS Borders (2) and one each from Scottish Enterprise, Police Scotland, Scottish Fire & Rescue Service, Borders College, the Registered Social Landlords, the Third Sector, and the Health & Social Care Integration Joint Board. An extended Strategic Board would meet for an annual planning and development day to set out the strategic direction and priorities for the

Local Outcomes Improvement Plan, based on an annual strategic assessment, national priorities and other key strategic documents. The membership of this extended Board would consist of the core Board and a representative from each of Skills Development Scotland, SESTRANS, Scottish Natural Heritage, Scottish Environment Protection Agency, Historic Environment Scotland, Live Borders, Visit Scotland and the Community Council Network).

- 6.2 The Joint Delivery Team would manage all operational functions of the Partnership, and would oversee the development, publication and the delivery of the Local Outcomes Improvement Plan and the 5 Locality Plans. The Joint Delivery Team would have delegated authority from the Strategic Board to direct activities, scrutinise performance, evidence change and report progress to the Board regarding the programmes of work undertaken by the Themed Delivery Teams. It would also oversee and influence the strategic direction of Community Justice, the Children and Young People's Leadership Group, the CPP Equalities Panel and the CPP Engagement Group. The current Themed Delivery Teams would continue with their work to deliver the specific priorities within the Local Outcomes Improvement Plan and the 5 Locality Plans and their membership would be extended to include representatives from Skills Development Scotland, Scottish Natural Heritage, Scottish Environment Protection Agency, Historic Environment Scotland and Visit Scotland on the Economy and Low Carbon Team; Health & Social Care Integration Joint Board on the Reducing Inequalities Team; and Live Borders on an appropriate Team.
- 6.3 Members were advised that the Registered Social Landlords had discussed the governance structure and had decided that they would have a single representative of the RSL network and this position would rotate amongst the Housing organisations as appropriate, with agendas and reports issued to all. All the Registered Social Landlords were represented on the Themed Delivery Teams. Mrs Hume expressed concern about the number of Councillors included in the Strategic Board and the Clerk to the Council advised that as the Board was currently a formal committee of Council legislation required the minimum number of Councillors to be three, with the quorum for the Board currently three Councillors and three representatives from the statutory Community Planning partners. There were other options for the Community Planning Partnership e.g. an unincorporated body, a body corporate or a Community Interest Company. It was important to agree the governance structure and move on to key activities of community planning. It was also incumbent on all the partners to contribute to agenda items.

DECISION

AGREED to defer a decision on the governance structure until officers reviewed the options, with a further report on governance for the Community Planning Partnership be brought to the next meeting in September 2016.

7. DRAFT STRATEGIC ASSESSMENT

- 7.1 The Board received a presentation from Ms Erin Murray, SBC Research and Policy Officer, on the Strategic Assessment 2016, which would be the evidence base for the Community Planning Partnership's Local Outcomes Improvement Plan and the 5 Locality Plans. This was the third edition of the Strategic Assessment which was a 200 page document and would be available on the website for download (6MB). The Assessment had been highlighted by Audit Scotland as good practice. The Strategic Assessment also informed the Health & Social Care Integration Locality Plans, the Community Learning & Development Plan, Police Scotland local plans, and the Scottish Fire and Rescue Service local plans. Information was given at a Scottish Borders level and, where possible, at a locality level on demographic and household profiles; economy and income; education and learning; life stages/health and wellbeing; community and environment; and public services. Some of the findings for each theme were shown. From 2012 to 2037 the total population of the Scottish Borders was not projected to change significantly compared to a projected 8.8% increase for Scotland. Life expectancy in the Scottish Borders was higher than

Scotland. The Borders railway usage was 22% above forecast at 6 months; over 30% of A class, and 40% of B class, roads required to be considered for maintenance treatment; and there were 35 public electric vehicle charge points across the region. GVA per capita was lower compared to Scotland and the UK but there was slightly better growth. Between 2010 and 2015 the Borders economic turnover increased by £313m, representing a 10.9% increase above the 1.3% increase for Scotland (excluding financial and insurance enterprises). The Borders had more small enterprises and these contributed more of the turnover compared to Scotland. Gross weekly pay for full time workers followed a similar pattern to GVA, with workplace based wages in the Borders consistently lower than residence based wages. Job seekers allowance by locality from 2007 to 2016 was the same pattern for all areas but highest in Teviot and lowest in Tweeddale. There was wide range of footfall in town centres in 2015 per 1000 town population – from 311 in Hawick to 1445 in Melrose. Fewer children lived in poverty compared to the rest of Scotland although there was a range across the Borders with the lowest at 4.5% and the highest at 27.8% (average 10.9%). In 2014/15, the Welfare Benefits Service had 2,364 customers who received advice, advocacy or representation and achieved £6.1m in income gains for these customers. In 2013/14, the Citizen's Advice Bureaux supported 629 clients with almost £5.5m of debt that increased to 701 clients with over £6.1m debt for 2014/15. However, in 2014/15, the Bureaux also recorded over £1.7m of financial gain for their debt clients. Fuel poverty was 43% in the Scottish Borders compared to 36% for Scotland as a whole.

7.2 Between 2011/12 and 2013/14, the proportion of school leavers with the highest SCQF level of 6 or 7 had increased by 5.3% from 58.2% to 63.5%. In 2012/13 the % of school leavers at a positive destination at 6 months averaged 92.1% varying from 78.3% in Hawick Central to 100% in Hawick North and Berwickshire Central. From 2012/13 to 2014/15 50% or more of adult learners that completed a learning opportunity thought they had achieved increased skills, increased confidence and increased health and wellbeing. At Borders College in 2014/15, the number of full time students increased and there was a 69% completion rate compared to a 64% rate for Scotland. Between 2005 and 2014, the proportion of adults with no qualifications in the Borders decreased from 11.5% to 5.7%. In 2014, the Research and Development business expenditure per person for the Scottish Borders was £52, well below the £169 for Scotland. With regard to Health and Wellbeing, for the 27-20 month health review, the Scottish Borders had more meaningful assessments and a lower proportion of those with a concern than Scotland. While the % of child obesity in Primary 1 was lower compared to Scotland (9.1% compared to 10.1%), there was a range across the Borders with 5.7% in Cheviot and 13.2% in Berwickshire. Overall a greater proportion of 13 year olds had 'never smoked' compared to 15 year olds, but in 2013 only 56% of 15 year old girls had never smoked, compared to 63% for Scotland. Type 2 diabetes was the most common on the diabetes register (5,565 of 6,284 registrations), and overall diabetes prevalence was slightly higher than for Scotland. Compared to a rate of 65% for Scotland, the Scottish Borders had 71% of adults with a BMI of 25 or more. There was also a higher level of emergency hospitalisations along with an increase in the rate of multiple emergency hospitalisations for people aged 65+. The % of primary school children taking 2 hours of physical education had increased from 23% in 2009/10 to 89% in 2014/15; 29% of adults took part in 30 minutes of moderate physical activity daily.

7.3 Parking, speeding and rubbish were the most common neighbourhood issues and 20% had witnessed or experienced anti-social behaviour. Between 2010/11 and 2014/15, there had been a 15% decrease in recorded crimes in the Borders. The total tonnage of household waste decreased by 7.2% between 2011 and 2014, but the amount going to landfill increased from 53.3% to 61.4%. There was a 77% satisfaction rate for kerbside recycling and 68% for Community Recycling Centres. Total gas and electricity consumption in the Borders had decreased between 2005 and 2014, with household energy efficiency in 2015 at 51.2 ECO (Energy Company Obligations) measures per 1000 households, which was below the level for Scotland (80.3).

Satisfaction with street cleaning was declining but most felt their neighbourhood area was a good place to live. The 2007-2013 Leader Programme had brought over £3.5m into the Scottish Borders, with the Council's Community Grant Scheme budget of £132k leveraging in almost £1m to fund projects. Over 70% surveyed said that growing the economy of the Borders and supporting retailers and businesses was the top priority, with provision of high quality care for older people and tackling poverty and inequality the next highest priorities. The Council and NHS Borders accounted for over 90% of the public sector budget within the Borders (£626m).

- 7.4 The next steps were to publish the Strategic Assessment 2016, publish extracts for each Locality, and use the Assessment to inform the development of the Local Outcomes Improvement Plan and the 5 Locality Plans. In response to a question, Ms Murray advised that the Local Housing Strategy included the data on housing. Mrs McDiarmid further advised that housing tended to be dealt with at officer level in the Community Planning Partnership rather than Board level, and linked in particularly to the Reducing Inequalities work. The presentation and links to the Strategic Assessment could be made available to the Board, with links to Locality information sent out as it was produced.

DECISION NOTED.

8. **REDUCING INEQUALITIES IN THE SCOTTISH BORDERS 2015 – 2025**
With reference to paragraph 4 of the Minute of 26 November 2015, there had been circulated copies of the 'Reducing Inequalities in the Scottish Borders 2015 – 2025 Strategic Plan Summary, June 2016'. The SBC Depute Chief Executive (People) explained that the actions within the comprehensive draft Plan which had been considered by the Board in November 2015 had required further definition to ensure that the Board would be able to see, over time, the progress being made on reducing inequalities. The Summary gave the Reducing Inequalities Delivery Team's current position under each of the 5 key inequalities themes – Employment & Income; Health & Well-being; Attainment, Achievement & Inclusion; Housing & Neighbourhoods; and Keeping People Safe – presenting a set of clear actions and performance measures. SBC Corporate Performance and Information Manager, Sarah Watters, advised that she had met with each of the lead officers for the 5 key themes to ensure that the key strategies/plans to achieve objectives were in place and how they focussed on reducing inequalities; what more needed to be done; and what outcomes should be achieved. A further 16 actions were laid out over and above those contained in other plans, along with a set of performance measures. However, it needed to be recognised that many of these were long-term actions. In response to a question, Ms Watters advised that the Health & Social Care Integration Joint Board was likely to pick up on the outcome of the Scottish Government consultation on social isolation through their dedicated locality officers. In terms of social isolation experienced by younger people, Ms Smith gave an example of young people in Jedburgh who had attended a recent seminar and made it clear they did not want to rely on their parents for transport and this had been picked up through the Health and Social Care locality officers and the Children and Young People's Leadership Group. It was anticipated that an action plan would be produced for Cheviot as a pilot locality which would feed in to the Locality Outcomes Improvement Plan. There was an improvement in reducing inequalities compared to 2 years previously, but more jobs were needed and average house prices did not fit into the 5 locality areas as the Borders housing market areas were different (northern housing market close to Edinburgh; disparity in south and west) which meant that an average Borders house price was not especially meaningful. In terms of housing inequality, this was reflected more in bad housing and lack of affordable housing. Ms Watters confirmed there would be further investigation of the housing market area references, and commented that wages had not risen but prices had. Information should come through the Local Housing Strategy and feed in to the Local Outcomes Improvement Plan. There was a correlation between house prices

and travel to work areas. The key was disposable income, with fuel poverty often related to private rented accommodation and also linked to child deprivation.

DECISION

NOTED the Reducing Inequalities in the Scottish Borders 2015 – 2025 Strategic Plan Summary, June 2016.

9. **AN INTRODUCTION TO CO-PRODUCTION**

There had been circulated copies of a report by the SBC Chief Social Work Officer which presented a co-production toolkit, which had been developed to support staff to use a co-productive approach when commissioning, designing, delivering and/or assessing services. Co-production meant people who used services were equally involved alongside professionals from the very beginning in the planning and delivery of services through a collaborative working relationship which shared knowledge, skills, and decision-making, with equality between service users/professionals. This was not a new concept and there were already areas of good practice across the Partnership, but it had been recognised that the development of guidance to support this approach would be helpful. 'An Introduction to Co-production' had been developed by a Working Group, led by the Chief Social Work Officer, which included representatives from the Council, Public Health and the Third Sector.

DECISION

AGREED to adopt the 'Introduction to Co-Production' toolkit.

10. **SCOTTISH BORDERS THIRD SECTOR INTERFACE COMMUNITY PLANNING IMPROVEMENT PROGRAMME**

With reference to paragraph 9 of the Minute of 26 November 2015, there had been circulated a copy of the updated Third Sector Interface Community Planning Improvement Programme. Third Sector representative, Mrs Hume, gave the background to the Programme which identified improvements required within communication, representation and accountability, and detailed the outcomes, how they would be measured, and target dates. Mrs Hume further advised that while this was the latest version of the Improvement Plan, it may be overtaken by the outcome of the evaluation of the Third Sector Interface which could provide a template for further improvements.

DECISION

AGREED the Third Sector Interface Community Planning Improvement Programme update.

11. **DATES OF NEXT MEETINGS**

There had been detailed on the agenda the dates for the meetings of the Strategic Board for 2016/17.

DECISION

NOTED.

The meeting concluded at 3.45 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
3 March 2016				
9(b). Commissioning Services for Children and Young People	Para 8 – AGREED to receive a further report on the outcome of the review of Commissioning Services for Children & Young People in Autumn 2016.	SBC	Jeanette McDiarmid	On agenda 8/9/16. 
9 June 2016				
6. Scotland's Charter for a Tobacco Free Generation	Para 4 – AGREED: (a) to support as a Partnership the principles of 'Scotland's Charter for a Tobacco-Free Generation' and the associated actions to implement the principles; and (b) ...and that annual reports on progress would be provided.	NHS	Tim Patterson	Charter to be signed by partner organisations.
7. Responding to the Community Empowerment (Scotland) Act 2015 – Consultation on Community Planning Draft Guidance and Regulation	Para 5 – AGREED: (a) the response to the Community Empowerment (Scotland) Act 2015 Part 2 Community Planning Consultation on Draft Guidance and Regulations as set out in Appendix 2 to the report, and including the additional example to Question 1 as noted in the narrative above; (b) that a report be prepared for the Community Planning Strategic Board that would set out the process for implementing the key elements of the draft Guidance. This would include the:	SBC	Douglas Scott/ Shona Smith	

6. Scotland's Charter for a Tobacco Free Generation

Agenda Item 5

AGENDA ITEM NO. AND TITLE	DECISION REQUIRING ACTION	ORGANISATION	RESPONSIBLE OFFICER	OUTCOME
	<ul style="list-style-type: none"> (i) creation of a plan with timelines for the development and implementation of the Local Outcomes Improvement Plan and the 5 Locality Plans; (ii) establishment of a briefing process to ensure that Community Planning Partners were aware of their responsibilities as set out in the draft Guidance. This would include briefing notes and presentations to partner governance boards; and (iii) identification of community bodies that represent the interests of people experiencing inequalities of outcome, and the ways in which they may wish to be involved, recognising that not all groups would want to be involved and that some groups may present themselves through the participation process. 			
8. Governance of Community Planning Partnership	Para 6 – AGREED to defer a decision on the governance structure until officers reviewed the options, with a further report on governance for the Community Planning Partnership being brought to the next meeting in September 2016.	SBC	Shona Smith	Item on agenda 8/9/16. 

KEY:	
No symbol	Deadline not reached
	Overdue

 A	<1 week to deadline
 G	Complete - items removed from tracker once noted as complete at meeting.

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ALCOHOL AND DRUGS PARTNERSHIP (ADP) ANNUAL REPORT 2015-16

Report by ADP Chair

SCOTTISH BORDERS COMMUNITY PLANNING STRATEGIC BOARD

8 September 2016

1 PURPOSE AND SUMMARY

1.1 This report advises members of the information in the Borders Alcohol and Drug Partnership (ADP) Annual Report for 2015-16.

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 2015-18 Delivery Plan. The Annual report (Appendix 1) has been prepared according to Scottish Government Guidance and provides information relating to:

i) Financial Framework

ii) Ministerial Priorities

iii) Additional information (specific questions other than responses to Ministerial Priorities).

The reporting requirement of Scottish Government is much reduced this year therefore a short update on the actions within the ADP Delivery Plan is attached as Appendix 2.

2 RECOMMENDATIONS

2.1 I recommend that the Strategic Board notes the Annual Report and presentation.

3 FINANCIAL FRAMEWORK (p2)

3.1 The ADP ring-fenced Scottish Government was allocated in full during 2015-16. There was a carry forward relating to a historical underspend and some in year plans which were delayed following the announcement in reduction in ring-fenced funding.

4 MINISTERIAL PRIORITIES (p5)

4.1 Positive progress has been made against all indicators during the reporting year. Of particular note is performance exceeding target in the following areas:

- Alcohol and drugs waiting times (Ministerial Priority 1)
- Delivery of alcohol brief interventions (ABI's) (Ministerial Priority 2)
- Provision of Take Home Naloxone kits (Ministerial Priority 5)

4.2 Data compliance on Priority 3 has improved. It is difficult to achieve 100% compliance as data is not collected simultaneously across both systems therefore while all clients may in time have both sets completed this may not show as 100%.

4.3 Priority 6: actions to reduce drug related deaths included delivery of a Drug Death Prevention Conference. A further seminar is planned for September 2016.

4.4 Work is underway to audit the circumstances of all alcohol related deaths in Borders in one calendar year. This work aims to improve understanding of individuals at risk of alcohol related deaths and potential interventions to reduce the number of deaths and to respond to Priority 12 (p11)

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 Group
- (b) The national allocation for Borders ADP has been reduced by 22% from April 2016 and some reductions have been made in areas which do not directly impact on frontline services. The IJB Strategic Board has agreed to support the ADP budget to the sum of £220k to allow work to be undertaken during 2016-17 to review the current system. A report will be presented to the IJB in December 2016 outlining options for future delivery to ensure Borders continues to provide quality alcohol and drugs services and highlighting any potential risks in terms of waiting times or quality.

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 Annual Report and Delivery Plan were developed in partnership with ADP Members and Third Sector colleagues.

Approved by

Alcohol and Drugs Partnership Chair
Alcohol and Drugs Partnership Vice Chair

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

Author(s)

Name	Designation and Contact Number
Fiona Doig	Strategic Lead – ADP and Health Improvement

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

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STANDARD REPORTING TEMPLATE - (Scottish borders) ADP Annual Report 2015-16

Document Details: Borders ADP

ADP Reporting Requirements 2015-16

1. Financial Frameworkp1
2. Ministerial Priorities.....p5
3. Additional Information.....p11

The Scottish Government copy should be sent by 12 September 2016 for the attention of Amanda Adams to:

Alcoholanddrugdelivery@scotland.gsi.gov.uk

1. FINANCIAL FRAMEWORK 2015-16

Total Income from all source

Income	Substance Misuse (Alcohol and Drugs)
Earmarked funding from Scottish Government	£1,352,190
Funding from Local Authority	£189,840*
Funding from NHS (excluding funding earmarked from Scottish Government)	£120,839*
Funding from other sources	£117,000*
Total	£1,779,869

- Funding from the Local Authority relates to the contribution to the Addaction, Action For Children 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, BBV and Fairer Scotland Funding only

Total Expenditure from sources

	Substance Misuse (Alcohol and Drugs)
Prevention (include community focussed, early years, educational inputs/media, young people, licensing objectives, ABIs)	£267,848
Treatment & Support Services (include interventions focussed around treatment for alcohol and drug dependence)	£1,163,883.50
Recovery	£50,037
Dealing with consequences of problem alcohol and drug use in ADP locality	£201,561
Total	£1,616,27

2015-16 End Year Balance for Scottish Government earmarked allocations

	Income £	Expenditure £	End Year Balance £
Substance Misuse	£1,452,190	£1,367,382	£101,808

2015-16 Total Underspend from all sources

Underspend £	Proposals for future use
£101,808	
£11,215	Commissioning review
£31,368	Offset funding for treatment services
£59,225	Contingency to implement findings of commissioning review

Support in kind

Provider	Description
AA	Provision of materials for Drug Death Conference.
AI Anon	Membership of Specialist Interventions Sub-group. Provision of materials for Drug Death Conference.
Alcohol Focus Scotland	Support with Local Licensing Forum (LLF) Alcohol Profile, national policy support. Consulting support on self-assessment of LLF and delivery of subsequent development session.
Crew2000	Support to Drugs Trend Monitoring Group, training on New Psychoactive Substances.
Health Scotland	Support regarding ABI delivery.
Lloyds PDI	Support to development of planned session relating to recovery needs of families.

NHS Borders	Leadership and influencing, representation on ADP and sub-groups, communications support, contribution to workforce directory, support to Alcohol Related Deaths audit.
NHS Greater Glasgow and Clyde	Support to develop Alcohol Related Deaths audit tool.
NHS Lothian	Presentation at Drug Death Conference.
Police Scotland	Leadership and influencing, representation on ADP and sub-groups, ABI's in Custody Suites. Presentation at Drug Death Conference.
Scottish Borders Council (SBC)	Leadership and influencing, Contracts 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, contribution to workforce directory, support to Langlee Alcohol Project (Licensing Standards Officer, Community Learning and Development).
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, representative on Quality Principles Group. Presentations at Drug Death Conference. Delivery of bespoke training and generic training.
Scottish Families Affected by Alcohol and Drugs	Presentation at Drugs Death Conference, informal support re developing family work, distribution of materials.
Scottish Fire and Rescue Service	Partnership support to Langlee Alcohol Project.
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 to develop alcohol related deaths audit.
TD1 Youth Hub and Community Youth Voice (Langlee)	Partnership support to Langlee Alcohol Project.

2. MINISTERIAL PRIORITIES

ADP funding allocation letters 2015-16 outlined a range of Ministerial priorities and asks ADPs to describe in this ADP Report their local Improvement goals and measures for delivering these during 2015-16. Please outline these below.

PRIORITY	*IMPROVEMENT GOAL 2015-16	DELIVERY MEASURES	ADDITIONAL INFORMATION
<p>1. Compliance with the Drug and Alcohol Treatment Waiting Times LDP Standard, including, increasing the level of fully identifiable records submitted to the Drug and Alcohol Treatment Waiting Times Database (DATWTD)</p>	<ul style="list-style-type: none"> • 90% of clients will wait no longer than 3 weeks from referral received to appropriate drug or alcohol treatment that supports their recovery. • No one will wait longer than 6 weeks to receive appropriate treatment • 100% data compliance is expected from services delivering tier 3 and 4 drug and alcohol treatment in Scotland 	<ul style="list-style-type: none"> • We continue to sustain performance to meet waiting times local improvement target and LDP standard. • This will be managed through existing service redesign, service user pathway, and process for managing waiting times through routine monitoring of activity and feedback loop. • Anonymous records would be entered on an exceptional basis only, in accordance with the guidance provided by ISD. • 97% of clients started treatment within 3 weeks for 2015/16. • Of 1089 clients one individual waited 6 weeks to receive appropriate treatment. • 100% data compliance achieved. 	<p>There is a risk of breaching the standard in 2016-17. Services are actively trying to resolve capacity issues.</p>

2. Compliance with the LDP Standard for delivering Alcohol Brief Interventions (ABIs)	Deliver 1312 ABI's	1806 delivered (138% of the 1312 standard).	
3. Increasing Data Compliance SDMD: SMR25 A and B.	To increase compliance for SMR25(a) to 100% by March 2016.	91% of individuals who have received an assessment on DATWTD had a SMR25a. This is an increase from 74% in the previous year.	
4. Preparing Local Systems to Comply with the new Drug & Alcohol Information System (DAISy)	To finalise current draft Information Sharing Protocol and monitor any issues arising and ensure compatibility with proposed national ISD template once issued.	This has been finalised with both organisations.	We have enquired with ISD re: potential for DAISY ISP to reflect inter-service info at local level.
5. Increasing the reach and coverage of the national naloxone programme for people at risk of opiate overdose, including those on release from prison.	Provide 27 first time kits in 2015-16	31 first time kits supplied.	Following change in legislation adult third sector service is now able to train and supply via project workers
6. Tackling drug related deaths (DRD)/risks in your local ADP.	Implement actions from the reducing DRD model in ADP Strategy	<p>A DRD conference was delivered including national speakers and overdose (OD) prevention training. Separate OD prevention training was also delivered.</p> <p>A DRD briefing sheet was given to delegates on all ADP training events (over 300 delegates).</p> <p>SFAD bereavement support information now</p>	

		<p>distributed to families by Police Scotland following a DRD.</p> <p>Police Scotland and Adult Protection have reviewed non-fatal OD information to ensure system is robust for picking up at risk clients. Police Scotland reviewing Scottish Ambulance Service data.</p>	
<p>7. Implementing improvement methodology including implementation of the <i>Quality Principles: Standard Expectations of Care and Support in Drug and Alcohol Services</i>.</p>	<p>To develop and implement an action plan in response to the service user survey.</p> <p>To develop and implement tests of change arising from the Drug and Alcohol Improvement Game</p>	<p>The service user survey helped identify a need for improved understanding and recording of reviews. Services have been tasked with establishing baseline measures and making targets for improvement in Q1& 2 in 2016-17.</p> <p>New improved information has been developed for service user pack and routine service user feedback on individual experience is now implemented in two services. The third service is taking an approach of evaluating different arms of the service in a staged process.</p> <p>Staff and service users have been issued with Quality Principles and participated in the surveys and focus groups for the Care Inspectorate work and we await with interest the findings.</p> <p>The ADP has implemented a communication plan in response to findings in the development of the strategy.</p>	

		The tests of change were not implemented as these were superseded by the work of the Quality Principles Group.	
8. Responding to the recommendations outlined in the independent expert group on opioid replacement therapies.	<p>As reported in 2014-15 Annual Report new services based on an Investment Review 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.</p> <p>The joint workforce development programmes delivered by STRADA/SDF continues to support our local ROSC.</p> <p>BIAS (Borders Independent Advocacy Service) provides support for alcohol and drugs clients.</p> <p>A Quality Principles group was established to take forward embedding of quality principles.</p> <p>(please also see Section 2, 6.)</p>	Additional actions to support embedding of Quality Principles will arise from the self-validation process undertaken by the Care Inspectorate.	
9. 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	Develop baseline information for Community Justice Bill priorities and contribute to the work of the Borders Community Justice Group.	Criminal Justice Social Work, Scottish Prison Service, Public Social Partnerships (Shine and New Routes) and local drug and alcohol services have a co-ordinated approach to the identification and response to prisoners affected by drugs and alcohol; this includes	

arrangements, including women

information exchange at the point of sentence and an initial screening whilst in custody and permits for a proactive response to individual needs. Regular contact between agencies ensures that prisoners' needs are identified at an early stage and that support can be offered whilst in custody and on release. An identified voluntary through care worker is located within criminal justice social work and liaison takes place with prison and community services in order to co-ordinate access to required services including drug and alcohol services. Integrated Case Management approaches are well-embedded in practice and prisoners subject to Statutory through care are subject to advanced planning and co-ordination of services prior to release.

The Young Persons Reintegration Protocol ensures a consistent approach is taken to identification of need, planning and co-ordination of services for young offenders.

The 2016-17 Community Justice Action plan includes a focus on the needs of prisoners, and a recognition that the effective operational practices in place with respect to adult male and women prisoners should be supported by formalised protocols and procedures to provide a consistent and transparent pathway which can be shared with prisoners and partner agencies; it is recognised that current operational principles and the learning taken from the implementation of the Young Persons Reintegration protocol will support the

		development of the protocols and procedures. A working group is to be established to progress this action.	
10. Improving identification of, and preventative activities focused on, new psychoactive substances (NPS).	To increase local awareness of NPS	Deliver and evaluate 4 NPS training sessions: 6 sessions delivered to 87 delegates and positively evaluated.	
11. On-going Implementation of a Whole Population Approach for alcohol recognising harder to reach groups, supporting a focus on communities where deprivation is greatest.	<ul style="list-style-type: none"> To increase the number of A/E ABI's performed in A/E and antenatal settings (complete) To increase the reach of the Dry January campaign via Small Change Big Difference (complete) To ensure feedback from the Langlee project is heard at CPP 	<p>The work reported last year in ante-natal settings to improve confidence and skills in midwives and streamline reporting systems has led to a greatly improved performance of 88 ABI's performed compared to 0 the previous year.</p> <p>The number of screenings in A/E have increased but the number of ABI's has not.</p> <p>The second Dry January campaign was run alongside NHS Borders Small Change Big Difference (SCBD) project. The story was picked up by two local newspapers (one previous year) and the NHS and SBC staff newsletters.</p> <p>Findings from the project are woven into presentations across partnerships. Complete</p>	<p>A Local Enhanced Service (LES) is in place to provide ABI's in primary care. There is a 'cap' on the funding available and this is weighted to reflect relevant deprivation.</p> <p>Additional licensing work: Best Bar None has increased number of sign ups from 6 in 2014-15 to 13 in 2015-16.</p> <p>The Local Licensing Forum</p>

	level and within the Licensing Board (complete)	re Licensing Board. Additional actions have arising from this work and are being taken forward by partners.	has undergone a self-evaluation and subsequent development session supported by Alcohol Focus Scotland. This is now being used for training other LLFs across Scotland.
12. ADP Engagement in improvements to reduce alcohol related deaths.	To improve understanding of individuals at risk of alcohol related deaths and potential interventions to reduce the number of deaths.	During 2015-16 the ADP Support Team has commenced an audit of the 24 alcohol related deaths in Borders in 2014. This work involves reviewing in-patient notes, prescribing data and linked ISD data. To date all notes have been reviewed and negotiations are underway with ISD to access appropriate linked data. Support has been provided from NHS Borders Clinical Governance and Quality, Scottish Government and ISD and NHS Greater Glasgow and Clyde.	

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

3. ADDITIONAL INFORMATION 1 APRIL 2015 – 31 MARCH 2016

1	Please <u>bullet point</u> any local research that you have commissioned e.g. hidden populations, alcohol related deaths. <i>(the actual research is not required)</i>	We have not commissioned any local research. We are undertaking the audit on alcohol related deaths using in-house resources and support in-kind.
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2	<p>What is the formal arrangement within your ADP for reporting on your Annual Reports/ Delivery Plans/shared documents, through your local accountability route.</p>	<p>Annual Reports and Delivery Plans and other associated documents are formally reported via the CPP and the IJB. The ADP Annual Report and updates on the delivery plan are also presented to the Children and Young People's Leadership Group for relevant areas. The Drug Related Death Annual Report is presented to the Critical Services Oversight Group (CSOG).</p>
3	<p>A person centered recovery focus has been incorporated into our approach to strategic commissioning. Please advise if your ROSC is 'in place'; 'in development' or in place and enhancing further. <i>(No additional information is required)</i></p>	<p>Enhancing further</p>
4	<p>Is there an ADP Workforce Development Strategy in Place, if <u>no</u>, are there plans to develop?</p>	<p>Workforce Strategy in place: Yes</p>
5	<p>A. Please indicate if your ADP has participated in the Drug Death Prevention work of the Scottish Drugs Forum (SDF), as requested by Ministers in their letter to ADP Chairs on 6 August 2014.</p> <p>B. Please provide details of local Drug Death Prevention strategies in place or planned.</p> <p>C. Please include details of any local Drug-Related Death groups in place, in addition to the information provided within the Ministerial priorities section.</p>	<p>A. Borders ADP was not invited to be part of the original scoping work completed by SDF, however, the Support Team and members of the NHS Addictions Service attended the SDF Older People's Seminar where the Staying Alive in Scotland Toolkit was launched and provided feedback to the assessment tool presented within the regional workshop in Edinburgh.</p> <p>B. Borders ADP took the decision to include Drug Death Prevention in its main strategy which includes a model of our approach to reducing Drug Related Deaths (DRD). This was launched at our Preventing DRD Seminar described in section 2.6.</p> <p>C. The local DRD Review Group is Chaired by the Independent Adult Protection Chair. Membership is as follows: Adult Protection Lead Officer, Child Protection Lead Officer (as required); Substance Misuse Pharmacist, Borders Addiction Service, Addaction, Criminal Justice Social Work, SBC</p>

		<p>Homelessness Service, ADP Support Team. During 2015-16 we introduced an invite to GP's to attend when their patient is being discussed. Other agencies are invited to attend when their client/patient is discussed.</p> <p>An outcome template is shared within NHS Borders Clinical Governance structures.</p>
6	<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"> Update on progress in implementing your key aim statement – have you achieved it/when do you plan to do so? 	<p>The following updated key aim was presented in our 2015-18 delivery plan updated from our previous aim in response to the ORT review and is reflected in our 2015-20 strategy: Improve recovery outcomes for service users and reduce number of deaths from accidental drug use to fewer than four per year by 2020.</p> <p>We have made significant progress in providing recovery activities over the last year. There is now a well established fortnight Recovery Life Cafe in Galashiels, a weekly drop-in group in Hawick and a weekly Music Group in Gala. A weekly group in Eyemouth has been set up independently and has had some informal support from Addaction. Attendance at weekly MAP (Mutual Aid Partnership) Groups in Peebles, Galashiels and Hawick has increased. These are co-facilitated by Addaction and Borders Addiction Service.</p> <p>Last year was the first year Borders attended the Recovery Walk which is organised by Scottish Recovery Consortium. A group of 20 people in recovery, family members and staff took the new train line to Glasgow. For the first time there was a Christmas Event for people in recovery and their families. The Recovery Life Cafe worked with Borders Healthy Living Network to support attendees to prepare a four course home cooked Christmas</p>

Dinner.

Borders ADP sponsored one place on the Addiction Worker Trainee Programme and a representative was pleased to attend the recent graduation ceremony at Holyrood.

Work is underway to improve recording of progress toward individual outcomes as reporting above against under Ministerial Priority 7 regarding reviews and recovery planning.

Progress has been made on furthering action to reduce DRD as reported above against Ministerial Priority 6 tackling Drug Related Deaths. Given the thankfully low numbers of individuals lost to DRD's it will be challenging to directly attribute any impact.

<ul style="list-style-type: none"> • 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 • 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>There were 261 people in receipt of ORT in the Borders during 2015/16 in comparison with 226 in the previous year (15% increase).</p> <p>Due to no change in prescribing database we are still unable to provide information on length of time on ORT or dose. Borders Addiction Service has been pursuing an IT solution with support from IM&T colleagues.</p> <p>Borders Addictions Service have not trained additional non-medical prescribers. 39 individuals participated in joint Gender Based Violence/Substance misuse training Individuals from across alcohol and drugs services also attended training in bacterial infections in injecting drug users, the DRD conference and understanding recovery. Two team members from Borders Addiction Service are participating in the validated self assessment process with the Care Inspectorate.</p> <p>There are no ORT focussed groups in Borders.</p> <p>GP prescribing remains low in Borders however the Prescribing and Support Service (PASS) within NHS Borders Addictions Service continues to support people who are more stable on their ORT.</p>
<p><i>See note 1.</i></p>	

APPENDIX 1: NOTES

1. **The Independent Expert Review of Opioid Replacement Therapies in Scotland** 'Delivering Recovery' can be found at <http://www.gov.scot/Publications/2013/08/9760/downloads>

Please provide any feedback you have on this reporting template.

Thank you for taking into consideration when preparing this template the work that ADP's have undertaken to complete the Position Statement for the self-validation exercise.

DRAFT

BORDERS ALCOHOL AND DRUGS PARTNERSHIP (ADP)

DELIVERY PLAN 2015-2018

UPDATE FOR CPP STRATEGIC BOARD

Fiona Doig

1 September 2016

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1 Introduction

This Delivery Plan is informed by the ADP 5 year 2015-20 strategy¹ which was developed in consultation with key stakeholders including service users, colleagues and young people. It builds on the work done in Borders by the ADP, services and wider stakeholders.

The ADP Strategy 2015-20 lists four key strategic aims and specific actions associated with the aims:

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 4 or less per year by 2020
4. Strengthening partnerships and governance structures

The Strategy also lists six recommendations for action within its first year.

This Delivery Plan structure is based on guidance from the Scottish Government and we are grateful for the help received in its development. It outlines progress and work planned in relation to Government and ADP priorities before providing a performance framework based on the key aims from our Strategy and Core ADP Outcomes.

This short paper provides an update on:

- ADP Strategy Priorities for 2015-16 with a RAG status
- Key actions to support the strategic aims. Those actions which are not complete have a short commentary attached

¹ Borders ADP Strategy 2015-2020, www.badp.scot.nhs.uk

2 ADP Strategy Priorities for 2015-16

	ADP Strategy Priorities for Year 1	Commentary	RAG Status
2.1	Develop a communication plan for stakeholders and the wider public with appropriate messages re: alcohol and drugs and services available	This has been developed and delivered. Highlights: successful development and dissemination of ADP Bulletin (twice yearly). Update of ADP website.	G
2.2	Work with partners to facilitate joint learning and practice development across children and adult alcohol and drugs setting to increase understanding of the potential impacts and risks of recovery on families and children	This has not been delivered. Conversations have taken place with social work colleagues and this is now in planning for Autumn 2016.	A
2.3	Implement a model to support young people to build skills and knowledge relating to alcohol and drugs	<p>Action for Children continues to support children and young people and the Safer Communities Team work programmes on Crucial Crew and Safe T. In addition the service offered dedicated support in response to identified need including the Wilton Centre, Jedburgh Grammar School, Tweeddale Youth Action.</p> <p>NPS training has been scheduled to allow teaching staff to attend.</p> <p>New resources have been issued to high schools and a webpage developed on Glow (education intranet) with supporting information.</p> <p>Substance misuse education continues to be delivered by schools in accordance with Curriculum for Excellence and colleagues in education are progressing an update to the alcohol and drugs policy.</p>	A

2.4	Explore potential increased links with staff engaging with Looked After and Accommodation Children	<p>On discussion with the Looked After Nurse there were no immediate actions arising.</p> <p>Action for Children has supported staff in Wheatland and delivered programmes to children and young people.</p> <p>Children and Families Social Work is represented on the ADP Executive Group and can readily raise any concerns or issues.</p>	G
2.5	Increase post treatment recovery opportunities	<p>Significant progress has been made on this indicator with weekly music groups, Hawick drop-in, Galashiels Recovery Life Cafe.</p> <p>AWTP traineeship provided for one individual.</p>	G
2.6	Ensure involvement of alcohol and drugs services with community justice.	<p>Addaction continues to support Reconnect Women's Group. Borders Addiction Service have also supported this work.</p>	G

3 Key actions to support strategic aims

Some actions are reflected in the Annual Report submitted to Scottish Government for approval at the CPP Strategic Board on 8 September 2016. Those actions are in *italic* as are those described in section 1 above.

3.1 Strategic Aim 1: Reducing prevalence of alcohol and drug use in adults by 5% by 2020 through prevention and early intervention

	Actions	Status
1	Continue to deliver the ABI delivery target in priority settings and implement ABI's in new social work settings of Integrated Children's Services, Adult Health and Social Care and Learning Disabilities in 2015-16.	In progress*
*commentary: ABI training was delivered to staff in children and families social work and adult health and social care. This was aligned to the Personal Assessment training. Further work is required to enable recording		
2	Deploy a Development Officer (Communities) to seek community views relating to alcohol in order to develop and deliver a local action plan.	Complete
3	<i>Produce and deliver a Communication Plan for stakeholders and the wider public (see 2.1 above)</i>	<i>Complete</i>
4	Review NHS Borders and Scottish Borders alcohol and drugs policies and seek to raise awareness of alcohol in the workplace.	In progress
Commentary: Completed for NHS Borders, Scottish Borders Council policy to be progressed		
5	Continue to support the Local Licensing Forum (LLF) which oversees operation of licensing legislation by the Licensing Board. During 2015-16 we will work in partnership with the chair of the LLF and Alcohol Focus Scotland to ensure delivery of development sessions to increase skills and knowledge within the LLF.	Complete
6	Produce an annual Alcohol Profile for Scottish Borders.	In progress
Commentary: to be produced December 2016		

7	Support work arising from Integrated Care Fund relating to health improvement in older people.	<i>On hold</i>
Commentary: This was intended to support an ICF bid which has not been progressed.		
8	Work with the Alcohol and Drugs Tasking and Co-ordinating Committee (ADTAC) to deliver regular Responsible Drinking campaigns and initiatives. During 2015-2016 we will train licensees and staff working at Rugby Sevens and Borders Festival events in the 'Who Are You' initiative which aims to prevent alcohol related sexual violence.	Complete

3.2 Strategic Aim 2: Reducing alcohol and drugs related harm to children and young people

	Actions	Status
1	<i>Providing 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 (see 2.2 above)</i>	<i>In progress</i>
2	Develop information sharing protocols between the Children and Families Service and Social Work.	Complete
3	Work with Education and Lifelong Learning Children and Young People's Services colleagues to develop an online resource for teaching staff and staff and volunteers in young people's settings to ensure ready access to up to date reputable information.	In progress
Commentary: a page in Glow has been set-up with links to reputable sites and resources. This is not readily used by staff in youth settings.		
4	<i>Develop and deliver a programme of CPD opportunities for staff and volunteers in above settings to increase their confidence in delivery of substance misuse education and responding to young people affected (see 2.3 above)</i>	<i>In progress</i>
5	<i>Review ADP links with Looked After and Accommodated Children (see 2.4 above).</i>	Complete

6	Work with the Borders Carers' Centre to deliver a Family/Carers engagement event to help shape our response to Carers and Families.	Not achieved
<p>Commentary: Joint work was undertaken with the Carers' Centre and Addaction to plan an event. There was limited interest in the event and therefore it did not take place. We are negotiating with Scottish Families Affected by Alcohol and Drugs to seek support for a different approach.</p>		

3.3 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

	Actions	Status
1	Provide joint learning opportunities for gender based violence services and alcohol and drugs services to support joint working.	Complete
2	<i>Work with service providers and service users to support implementation of post-treatment recovery opportunities based on the localities within which alcohol and drugs teams are working. See 2.5 above)</i>	<i>In progress</i>
3	Work with the Scottish Recovery Consortium to plan a further Recovery Conversation Cafe for 2016/17.	Deleted
<p>Commentary: this work has been superseded by recovery activities and scheduled service user involvement supported by peer researchers.</p>		
4	Respond to the local Mental Health Needs Assessment to ensure that any issues relevant to DRD/ co-morbidity (i.e. substance use and mental health issues) are addressed by our Workforce Development Sub-Group.	In progress
<p>Commentary: a local Mental Health strategy is being developed which will include relevant actions for ADP partners</p>		

5	Deliver training in overdose prevention and risk factors for Drug Related Deaths (DRD).	Complete
6	Ensure all ADP training includes briefing on DRD.	Complete
7	Improve use of data relating to non-fatal OD by working with Police colleagues to understand and support addressing of risk factors.	Complete
8	Identify suitable additional areas for emergency Naloxone.	In progress
Commentary: this is available in Police Custody suites but only in the presence of on-site health staff. This will be pursued nationally.		
9	Implement THN Training and supply in pharmacy.	Complete
10	Implement regular reviews re THN with service users e.g. at discharge.	Complete
11	Make proactive contact with bereaved families.	Complete

3.4 Strategic Aim 4: Strengthening partnerships and governance structures

	Actions	Status
1	Ensuring that outcomes relating to alcohol and drugs are reflected in local community/criminal justice plan.	In progress
Commentary: the local plan is in the process of development		
2	Quarterly performance and financial report to ADP Executive Group.	Complete

3	Delivery of Workforce Development Plan including violence against women/alcohol and drugs staff practice development and a managers' session to support ROSC implementation.	Complete
4	A minimum of six monthly contract monitoring meetings with commissioned services.	Complete
5	Embed the Quality Principles by using the findings of our Service User Survey to identify and address areas for improvement.	In progress
Commentary: the survey and improvement areas are complete. Embedding the quality principles is an ongoing piece of work which is taken forward by the Quality Principles Sub-group		
6	Increase the number of alcohol and drugs clients accessing independent advocacy support.	In progress
Commentary: the advocacy service has met with the alcohol and drugs services, however, this has not translated into additional referrals		
7	Aim to reduce the number of DNA's for first and subsequent appointments in commissioned services.	In progress
Commentary: there is a target in place for 2018		
8	Meet the local 95% three week waiting target for alcohol and drugs treatment services.	Achieved 2015-16
9	Confirm targets for outcome measures for adult services to align with Star and Drug & Alcohol Information System (DAISy)	Post 2017

4 Conclusion

Significant progress has been made against the key actions within the ADP Delivery Plan.

CARE INSPECTORATE REPORT – JOINT INSPECTION OF SERVICES FOR CHILDREN AND YOUNG PEOPLE IN THE SCOTTISH BORDERS

Report by Depute Chief Executive, People

SCOTTISH BORDERS COMMUNITY PLANNING PARTNERSHIP

8 September 2016

1 PURPOSE AND SUMMARY

- 1.1 This report provides a summary of the key findings of the Care Inspectorate report on the joint inspection of services for children and young people in the Scottish Borders, identifying key strengths along with areas for improvement and how these improvements will be delivered.**
- 1.2 The joint inspection of Services for Children and Young People in the Scottish Borders took place between December 2015 and February 2016, covering a wide range of partners and services across the Scottish Borders Community Planning Partnership (CPP) which has a role in providing services for children, young people and families. This is the first such inspection that has taken place in the Scottish Borders, covering all service areas involved in children and young people from voluntary agencies delivering play and youth facilities through to domestic violence, education, health and child protection.
- 1.3 Measured against a range of quality indicators, a number of strengths were identified as well as areas for improvement which are detailed in the report. The Children & Young People's Leadership Group has examined the findings and has developed an improvement action plan which is being actively progressed. The plan is found at appendix 1.

2 RECOMMENDATIONS

- 2.1 I recommend that the Strategic Board notes:-**
 - a) the key strengths and the improvement work that is being progressed to address the key findings of the Care Inspectorate Report on the Joint Inspection of Services for Children and Young People in the Scottish Borders; and**
 - b) that an update on the progress of the inspection improvement plan will be given to the Strategic Board meeting within 12 months.**

3 JOINT INSPECTION ARRANGEMENTS

- 3.1 The joint inspection of services for children and young people in the Scottish Borders Community Planning Partnership (CPP) was undertaken by the Care Inspectorate between December 2015 and February 2016. During the process, the Inspection Team reviewed a wide range of documents, carried out focus group meetings with staff groups and partner agencies, met with staff who worked directly on specific cases and interviewed senior officers from the Council and Partners. Practice was reviewed through the reading of 90 case files and there were some meetings with young people and families. A survey of named persons and key groups of staff across the partnership, including social workers also informed the process.

4 JOINT INSPECTION FINDINGS

- 4.1 The inspection report highlighted that the Partnership is committed to improving the wellbeing of all children and young people. It was found there were improving trends for children and young people in terms of health, educational attainment and achievement and positive destination. Outcomes for most children and young people are steadily improving across the area and overall universal services are working well together to provide early intervention and support for children, young people and their families.
- 4.2 The inspection report also highlighted that partners were working well together to improve the lives of children and young people; that help and support was provided at an early stage and there was an immediate response to child protection concerns. Families welcomed the support they received to overcome adversity. The inspection found that there was strong partnership working across services and significant collaboration with third sector services. There was a culture of meaningful engagement across services with children, families and other stakeholders.
- 4.3 Leaders were proactively striving to drive the pace of change making significant improvement in key areas. Leaders were committed to Corporate Parenting and the implementation of GIRFEC (Getting it Right for Every Child).
- 4.4 Evidence was gathered and assessed against a range the 9 key indicators of performance against the 6 point scale set out below:

Excellent	outstanding, sector leading
Very good	major strengths
Good	important strengths with some areas for improvement
Adequate	strengths outweigh weaknesses
Weak	important weaknesses
Unsatisfactory	major weaknesses

- 4.5 Set out below are the evaluations for all nine of the quality indicators:

Improving the well-being of children and young people	Good
Impact on children and young people	Good
Impact on families	Good
Providing help and support at an early stage	Good
Assessing and responding to risks and needs	Adequate

- | | | |
|--|--|------------------|
| | Planning for individual children | Adequate |
| | Planning and improving services | Adequate |
| | Participation of children, young people, families and other stakeholders | Very Good |
| | Leadership of improvement and change | Adequate |
- 4.6 The report was clear that there were no immediate concerns that children or young people were at risk. However, inspectors identified a number of areas for improvement which are outlined below:
- (a) Development of a partnership quality assurance framework.
 - (b) Improve processes and recording including the use of chronologies and risk assessments.
 - (c) Develop a sexual exploitation strategy.
 - (d) Review the linkages between the Child Protection Committee and Critical Services Oversight Group.
 - (e) Further progress Self-Directed Support.
 - (f) Development of a parenting strategy.
- 4.7 An inspection improvement plan has been developed and is being actively progressed by the Children & Young People’s Leadership Group comprising of senior managers across the partnership, and there will be updates to the CPP. The improvement plan details the actions and timescales for completion and is found at Appendix 1. It should be noted that actions relating to improved processes and recording have been prioritised and completed. The development of strategies does take a longer timescale to ensure full consultation and engagement.
- 4.8 The Inspection Report has been circulated to staff across the partner agencies and there have been briefings with some staff groups. Staff have been thanked for their positive involvement in the inspection process and the contribution they make to improving outcomes for children and young people.
- 4.9 There has been a communication with Elected Members regarding the outcome of inspection and a press release was issued on the date of publication (28th June 2016), highlighting the positive outcomes and the focus on delivering improvements based on the findings.

5 IMPLICATIONS

5.1 Financial

All financial implications associated with the implementation of improvements will be delivered within existing resources.

5.2 Risk and Mitigations

Risks related to the Care Inspectorate findings have been considered by the Children and Young People’s Leadership Group and potential risks will be mitigated through the progression of the inspection improvement plan. The report makes clear that there are no immediate risks to children and young people in the Scottish Borders.

5.3 Equalities

Improvements will ensure that services are delivered more effectively for children, young people and their families across the Scottish Borders

5.4 Acting Sustainably

There are no economic, social or environmental impacts related to the findings outlined in the report.

5.5 Carbon Management

There are no known impacts related to carbon emissions related to this report.

5.6 Rural Proofing

There are no changes to a policy or strategy related to this report.

5.7 Changes to Scheme of Administration or Scheme of Delegation

There are no changes to the scheme of administration or scheme of delegation.

6 CONSULTATION

6.1 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 have been consulted and their comments have been incorporated into the final report.

Approved by

**Jeanette McDiarmid
Depute Chief Executive, People**

Signature

Author(s)

Name	Designation and Contact Number
Susan Yates	Business Support Manager, 01835 824000 x 5704

Background Papers: Joint Inspection of Services for Children and Young People in the Scottish Borders – Improvement Plan

Previous Minute Reference: Scottish Borders Council – 25 August 2016

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

Contact us at Susan Yates, Scottish Borders Council, Headquarters, Newtown St Boswells, TD6 0SA



APPENDIX 1

JOINT INSPECTION OF SERVICES FOR CHILDREN & YOUNG PEOPLE IN THE SCOTTISH BORDERS

IMPROVEMENT PLAN

Development Area	Action	Responsibility	Timescale (by end of)
Performance management reporting	To improve performance management reporting and gathering of outcome data (on impact of service delivery) by: <ul style="list-style-type: none"> • Creating a single partnership performance framework • Creating key outcome measures across services • Building outcome data collection into existing practice • Reviewing outcome measures annually 	Children & Young People's Leadership Group (CYPLG)	October 2016 November 2016 November 2016 May 2017
Quality assurance	To develop a partnership quality assurance process	CYPLG	January 2017
Neglect	To improve the early identification of cases of neglect by: <ul style="list-style-type: none"> • Scoping potential models of delivery • Implementing clear guidance and supervision model 	CYPLG	January 2017
Self-Directed Support	To improve self-directed support options across Children & Young People's Services by: <ul style="list-style-type: none"> • Scoping current availability and considering additional Self Directed Support (SDS) options for children with disabilities • Increasing engagement opportunities for children with disabilities 	SDS Lead Children & Families Social Work	October 2016 November 2016
Chronologies	To improve recording of chronologies across Children & Young People's Services by implementing a new chronology protocol with clear recording and supervision processes	CYPLG	August 2017
Risk assessment & planning	Conduct a sample audit of cases. To improve casework assessment, planning, processes & procedures by implementing robust risk assessment protocols with clear recording and supervision processes	CYPLG	February 2017

Development Area	Action	Lead	Timescale
Child sexual exploitation	To develop a child sexual exploitation strategy and improve working practice	Child Protection Committee CYPLG (CPP)	January 2017
Parenting support	To develop a parenting strategy	CYPLG	December 2017
LAC and Throughcare	Assure support for looked after children and young people and through care by: <ul style="list-style-type: none"> Ensuring health assessments for looked after children are carried out within agreed standards and their needs met Increasing the number of foster care and supported care options Increasing the number of supported tenancies for young people with Register Social Landlords 	Director of Nursing & Acute Care Strategic Corporate Parenting Group Strategic Corporate Parenting Group	Ongoing January 2017 November 2016
Young Carers	To further develop current approaches and recommend improved practice for staff to be used across universal services	Young Carers Working Group	November 2016
Child Protection	To improve processes around the Child Protection Committee by reviewing and implementing revised Child Protection communication processes between all staff groups	Child Protection Committee	September 2016
Access to information	To develop a service directory providing information on all services available to children, young people and families	CYPLG	June 2017