

# Public Document Pack



## COMMUNITY PLANNING STRATEGIC BOARD THURSDAY, 3RD MARCH, 2022

A MEETING of the COMMUNITY PLANNING STRATEGIC BOARD will be held VIA MS TEAMS on THURSDAY, 3RD MARCH, 2022 at 2.00 PM

J. J. WILKINSON,  
Clerk to the Council,

25 November 2022

<b>BUSINESS</b>		
1.	<b>Welcome and Apologies</b>	2 mins
2.	<b>Minute</b> (Pages 3 - 12) (a) Consider Minute of Meeting of 18 November 2021. (Attached) (b) Consider Action Tracker. (Attached)	5 mins
3.	<b>Community Planning Partnership Review Programme &amp; Draft Improvement Plan</b> (Pages 13 - 24) Update by Netta Meadows and Jenni Craig. (Review Update & Draft Improvement Plan attached)	45 mins
4.	<b>Place Making Update</b> (Pages 25 - 30) Presentation by James Lamb. (Attached)	25 mins
5.	<b>Climate Change Route Map</b> (Pages 31 - 34) Presentation by Michael Cook. (Attached)	25 mins
6.	<b>Alcohol and Drugs Partnership Annual Report 2020-21</b> (Pages 35 - 78) Update from Tim Patterson on the contents of the ADP Annual Review and highlight Annual Report 2020/21. (Attached)	15 mins
7.	<b>Any Other Business</b>	5 mins
8.	<b>Next Meeting</b> The next meeting of the Strategic Board was scheduled for 2pm on Thursday 16 June 2022.	

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## **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.**
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### **Membership of Board:**

Councillor Mark Rowley (Chairman)  
Councillor Stuart Bell  
Ms Angela Cox, Borders College  
Prof. Russel Griggs, South of Scotland Enterprise  
Councillor Carol Hamilton  
Mrs K. Hamilton, NHS Borders  
Mrs M. Hume, Third Sector  
Chief Superintendent C. Paton, Police Scotland  
Ms Hilary Sangster, Scottish Fire & Rescue Service  
Councillor Robin Tatler  
Councillor George Turnbull

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### **Copies also sent for information to:-**

Mr David Alexander – Eildon Housing  
Mr Jamie McDougall – Scottish Government  
Ms Anna Griffin – SEPA  
Mr Crispin Hill – Nature Scotland  
Mr David Gordon – Waverley Housing  
Ms Shona Mitchell – Skills Development Scotland  
Mr Colin McGrath – Scottish Borders Community Council Network  
Mr Bill White – Live Borders

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Please direct any enquiries to Jenny Wilkinson, Clerk to the Council  
Tel: 01835 825004 Email: [jjwilkinson@scotborders.gov.uk](mailto:jjwilkinson@scotborders.gov.uk)

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## **SCOTTISH BORDERS COMMUNITY PLANNING STRATEGIC BOARD**

- Date:** 18 November 2021 from 2.00 to 3:25 p.m.
- Location:** Via Microsoft Teams
- Attendees:** Councillor Rowley (Chair), Ms A. Cox (Borders College), Mr S. Gourlay (Fire & Rescue Service), Prof. R. Griggs (SOSE), Councillor C. Hamilton, Mrs K. Hamilton (NHS Borders), Mr R. Hill (RSL representative), Mr A. Hirst (Third Sector), Dr T. Paterson (Public Health), Councillor R. Tatler, Councillor G. Turnbull.
- Also in attendance:** Chief Executive, Director Resilient Communities, Communities and Partnership Manager, Clerk to the Council (all SBC); Mr J. McDougall (Scottish Government), Mr C. Myers (Health & Social Care Partnership).

### **MINUTE AND ACTION POINTS**

1. **WELCOME AND APOLOGIES**  
Councillor Rowley welcomed everyone to the meeting. Apologies had been received from Councillor Bell (SBC), Mrs Hume (Third Sector) and Mr R. Roberts (NHS).
2. **MINUTE**  
Copies of the Minute of 9 September 2021 had been circulated.

#### **DECISION**

**AGREED to approve the Minute.**

3. **COMMUNITY PLANNING PARTNERSHIP REVIEW PROGRAMME**  
With reference to paragraph 3 of the Minute of 9 September 2021, copies of an update paper on the Community Planning Partnership Review had been circulated. SBC Chief Executive, Netta Meadows, advised that a lot of work was happening behind the scenes, including discussions with the Improvement Service and it was hoped to hold a workshop in January 2022. This workshop would be facilitated by the Improvement Service and would focus on capturing and reflecting the learning from Covid-19, the strengths and weaknesses of the current arrangements, resources, priorities, performance monitoring and would also consider the refresh of the Community Plan and Action Plan. To put in place a framework to support this workshop, the Improvement Service was assisting with a self-assessment questionnaire for all CPP members. This would be issued in the next few weeks and it was hoped responses would be returned prior to Christmas to allow the Improvement Service to undertake analysis and develop the agenda for the workshop to focus the discussions and maximise the opportunities for participants. The proposed outcome of the workshop would be a draft Scottish Borders CPP Improvement Plan that would be brought back to the Board for approval.

#### **DECISION**

**NOTED that the self-assessment questionnaire would be sent to the members of the CP Strategic Board and the CP Programme Board.**

#### 4. **FOOD GROWING STRATEGY**

4.1 Copies of a report by SBC Director Infrastructure & Environment on the Scottish Borders Community Food Growing Strategy had been circulated. The report proposed that the Community Planning Partnership endorsed the Scottish Borders Community Food Growing Strategy and Action Plan, attached as an appendix to the report, and actively supported this within both the Community Planning Partnership and within each partner's own organisational plans. The Strategy "Cultivating Communities" was adopted by SBC in March 2021. While the Strategy was a legislative requirement, it was also a vehicle for nurturing and developing community food growing across the Scottish Borders, in line with the national food growing agenda. Community food growing was increasingly recognised as a valuable model for supporting sustainable, resilient, healthy communities. The impact of Covid-19 had increased awareness around the role of local access to community food growing in supporting health and wellbeing. John Curry, Director Infrastructure & Environment introduced Amy Alcorn, SBC Green Space Programme Officer who presented highlights of the Strategy, which had been developed in response to requirements within the Community Empowerment (Scotland) Act 2015. Ms Alcorn gave a presentation which covered Part 9 of the Act; the aims and objectives of the Strategy; what that looked like in terms of community gardens, community orchards, allotments, social prescribing, "garden share/lend & tend" schemes, guerrilla gardeners /Incredible Edible; and resources available – information, contacts, local growing sites, community planning support through SBC, 3<sup>rd</sup> Sector/SBCommunity Food Growers networks, and CPP key staff. The next steps were to consider the following 5 years and beyond and how to embed the Strategy

4.2 Councillor Rowley referred to the amount of activity taking place across the Borders and asked that the 2 newsletters be shared with the partners. It was hoped that the members of the Community Planning Partnership would get behind this and help make it a success. Councillor Tatler commented that while it had been a requirement to produce the Strategy and Action Plan, we had gone way beyond that and were really moving forward. Thanks were offered to all the officers for putting this together and also to Ms Alcorn who had recently joined the Council but was putting in a huge amount of work. The Food Growing Network Group had met 3 times and had great discussions, with responses from all groups and the Sharepoint site was really good for sharing information. It was hoped that this format could be used for other groups. Mrs K Hamilton praised the whole process, in particular the newsletter which was very well received. Ms Alcorn advised that feedback was to be collected at the end of each meeting and the newsletter was available to view on the Food Growers network. It was hoped to broaden the network. Shona Smith, SBC Communities & Partnership Manager, confirmed that the number of volunteers was one of the measures used to show success and Ms Alcorn could also be included in the "Menti" team which was a useful tool for feedback. Ms Alcorn further advised that she had visited the Eildon Housing allotments in Kelso and the RSLs were keen to develop land and community gardens. RSLs could contact Ms Alcorn and then "Lend and Tend" arrangements could be set up with volunteers to tend gardens of tenants who maybe struggled to keep them now due to ill health or infirmity. Jenni Craig added that this was a hugely topical subject with lots of enthusiasm being shown. Anything any of the partners could do to support community groups with their ambitions and aspirations would be helpful e.g. if there was a demand for volunteers, it would be really useful to get a sense of that. Any land suitable for growing would be most welcome so if any of the partners had space which could be used for growing should contact Ms Alcorn, who would be carrying out a land audit soon, looking at all available land, so that a land bank was there when community groups wanted to take up growing. Ms Alcorn had been out to a few schools and created a pdf resource for schools which had links to lesson plans and funding for schools for growing projects. Angela Cox, Principal of Borders College, advised that the College had a dedicated land-based site and offered to connect in with Ms Alcorn. The College was working with a number of schools e.g. providing support of the growing curriculum, bees and land management to Kelso High School.

## **DECISION**

### **AGREED:**

- (a) to endorse the Community Food Growing Strategy “Cultivating Communities” 2021/2026;**
- (b) that Partner members reflected the Strategy and Action Plan within their own organisational plans and considered how this could contribute to community planning objectives in relation to land use, climate change, health and wellbeing, and community resilience;**
- (c) to collaboration between CPP partners to identify resources (land, utilities, funding streams, skills development) to develop community capacity and enable access to community food growing;**
- (d) to receive an annual report and also an interim report in 6 months, on the progress of the Food Growing Strategy and Action Plan; and**
- (e) to consider the longer term evolution of the Community Food Growing Strategy and how shared objectives may be reflected in the next refresh of the CPP Community Plan.**

*Note: Mr Robin Hill (RSL representative) and Professor Russel Griggs (SOSE) joined the meeting during the above discussion.*

## **5. COMMUNITY PLANNING PARTNERSHIP - KEY PRIORITIES AND ACTION PLAN 2020/21**

With reference to paragraph 4 of the Minute of 9 September 2021, copies of progress with CPP Key Priorities and Action Plan 2020/21 had been circulated. Mrs Jenni Craig, SBC Director Resilience Communities, thanked all partners for feeding in to the update and gave some highlights. The aim now was to prioritise on the back of Covid and move away from the existing Community Planning Plan. Through the review, those priorities would be identified and the format of the report would fundamentally change to focus on targets and performance. Officers would really value the Board's input to that and establish how collectively we could go forward to work in the best way. Having high partner attendance at the regular community meetings established during Covid was really encouraging in building up networks. Members were asked to consider and advise of any obvious gaps and places needing more emphasis. The slides would be shared with the Board. In response to a question around any increase in unemployment following the cessation of the furlough scheme, Mrs Craig advised that while significant changes had been expected, they had not materialised. This was being monitored closely and there were weekly joint meetings between SBC, SOSE and a number of other partners to establish an understanding of what was going on with redundancy rates, unemployment rates and job opportunities. There was a real shortage of people for the number of jobs that were actually available and a lot of work was going on to try to understand that and match people to jobs and prepare them with the right skills. While a lot of jobs were available, there were not necessarily the people available to fill them. Ms Angela Cox, Principal of Borders College, advised of the balance needed between aspirations and jobs availability. The College had seen a growth of 30% in enrolment in health and social care courses; some of that was because it was currently trendy but people came in at HNC/HND level to go on to higher level education and jobs but this was not addressing the lack of people for lower level care jobs. The Chairman asked if consideration could be given to using blue as part of the RAG analysis to highlight those types of issues. With regard to students in the peripheral areas of the Borders accessing College digitally, work through both Berwickshire and Eyemouth High Schools continued. The College had also teamed up with Eyemouth Marine to have a digital hub thus targeting boat builder apprentices but also recognising that the skills were the same for carpentry. Technical or practical trades

did however require attendance in person. During Covid, digital spokes had been tested in Farne Salmon, Heart of Duns and also piloted a couple of hybrid meetings to see how that worked. The College was working with SBC mapping out opportunities and there were more apprenticeships in the east of region than anywhere else.

**DECISION:**

**AGREED to review the Key Priorities and Action Plan reporting content and format in line with the wider review of the Community Planning Partnership, and for discussion at the workshop in January 2022.**

6. **ANTI-POVERTY STRATEGY AND ACTION PLAN**

Copies of a covering report and SBC's Anti-Poverty Strategy and Action Plan had been circulated. It was proposed that the Community Planning Partnership endorsed the Strategy and Action Plan and supported the delivery of these by ensuring that each member's organisational plans contained references to actions within them. The Strategy set out the steps that SBC and partners planned to take in tackling poverty in the Scottish Borders in relation to economic poverty and income, fuel poverty, housing poverty, food poverty, impact on family and community health and wellbeing, and digital poverty. The Council and partners continued to respond to the current Covid-19 pandemic and work within our communities through the Community Assistance Hubs and other services to help alleviate poverty as a result. The learning from this work and the lived experience of those in hardship would be taken into account in how the ongoing delivery of the Action Plan evolved in partnership. Jenni Craig, SBC Director Resilient Communities, gave a presentation updating the Board on progress since March 2021, the outcome of the Strategy consultation from those with lived experience and lived experience focus groups, implementation and actions undertaken since the Strategy was approved by Council on 23 September 2021. Councillor Tatler, who had chaired the Working Group responsible for developing the Strategy and Action Plan, advised that while work had started on this over a year ago, it was recognised that so much was already going on especially over the pandemic and lockdowns, with partners working together on poverty. The Strategy and Action Plan had brought all that together and given a focus and thanks were expressed to all contributors. The idea was that these were living documents and as circumstances changed across the Borders we would all have to react and tackle poverty. Cllr Tatler had attended the Financial Inclusion Officers networking event attended by such officers from a number of organisations and had been very impressed so was pleased this would be continuing and a network developed. The Members Reference Group would allow an oversight of the anti-poverty work, monitor progress, and partners would be invited to participate.

**DECISION**

**AGREED:**

- (a) to endorse the Council's Anti-Poverty Strategy and Action Plan;**
- (b) that members of the Community Planning Partnership reflected the Strategy and Action Plan within their own organisational plans and considered how this contributed to community planning objectives;**
- (c) to collaboration between CPP Partners to identify resources to deliver the Strategy and Action Plan where appropriate; and**
- (d) to receive an annual progress report of the Anti-Poverty Strategy Action Plan.**

*Note: Mr Hill and Prof. Griggs left the meeting during the above discussion.*

7. **ANY OTHER BUSINESS**

No other items of business were raised.

8. **NEXT MEETING**

The Strategic Board noted that its next meeting was scheduled to take place on 3 March 2022 at 2pm. This meeting would be held via Microsoft Teams and would be livestreamed.

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**SCOTTISH BORDERS COUNCIL**

**ACTION SHEET**



**COMMUNITY PLANNING STRATEGIC BOARD - November 2012 onwards**

Notes:-

Items for which no actions are required are not included

NO.	MINUTE PARAGRAPH NUMBER, TITLE AND DECISION REQUIRING ACTION	ORGANISATION	RESPONSIBLE OFFICER	OUTCOME
<b>18 November 2021</b>				
1. Food Growing Strategy	Para 4.2 – action (b) AGREED that Partner members reflected the Strategy and Action Plan within their own organisational plans and considered how this could contribute to community planning objectives in relation to land use, climate change, health and wellbeing, and community resilience.	All	All	
	Para 4.2 – action (c) AGREED to collaboration between CPP partners to identify resources (land, utilities, funding streams, skills development) to develop community capacity and enable access to community food growing.	All	All	
	Para 4.2 – action (d) AGREED to receive an annual report and also an interim report in 6 months, on the progress of the Food Growing Strategy and Action Plan.	SBC	John Curry	Interim report due June 2022.
	Para 4.2 – action (e) AGREED to consider the longer term evolution of the Community Food Growing Strategy and how shared objectives may be reflected in the next refresh of the CPP Community Plan.	SBC	Jenni Craig	
2. Community Planning Partnership – Key Priorities and Action Plan 2020/21	Para 5 – AGREED to review the Key Priorities and Action Plan reporting content and format in line with the wider review of the Community	SBC	Jenni Craig	Workshop held 17 Jan 2022.

NO.	MINUTE PARAGRAPH NUMBER, TITLE AND DECISION REQUIRING ACTION	ORGANISATION	RESPONSIBLE OFFICER	OUTCOME
	Planning Partnership, and for discussion at the workshop in January 2022.			
3. Anti-Poverty Strategy and Action Plan	Para 6 – action (b) AGREED that members of the Community Planning Partnership reflected the Strategy and Action Plan within their own organisational plans and considered how this contributed to community planning objectives.	All	All	
	Para 6 – action (c) AGREED to collaboration between CPP Partners to identify resources to deliver the Strategy and Action Plan where appropriate.	All	All	
	Para 6 – action (d) AGREED to receive an annual report of the Anti-Poverty Strategy Action Plan.	SBC	Jenni Craig	Due in November 2022
<b>9 September 2021</b>				
1. Human and Economic Cost Modelling	Para 5.2 – AGREED to note the presentation on Human and Economic Cost Modelling and to receive an update on progress in due course.	The Promise	Fraser McKinlay	To be confirmed
2. Community Learning and Development Partnership Plan 2021-24	Paragraph 6 – action (d): AGREED to receive an annual report on progress of the Plan.	SBC	Lesley Munro	Due September 2022.

<b>KEY:</b>	
No symbol	Deadline not reached
	Overdue
	<1 week to deadline



Complete – items removed from tracker once noted as complete at meeting.

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## **Community Planning Partnership Review - Update**

### **Report by Director, Resilient Communities**

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**3 March 2022**

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#### **1 PURPOSE AND SUMMARY**

- 1.1 The CPP Strategic Board agreed at its meeting on 9th September 2021 to a review of the Community Planning Partnership, and requested that this review was to be concluded by the end of 2021 with outcomes presented to the CPP Strategic Board in the Spring of 2022.
- 1.2 This report provides an update of the progress that has been made to date and includes for approval, a draft Improvement Plan (Appendix A) and a proposed approach to delivering the Plan (including timescales) which is detailed at Section 5.
- 1.3 Since September 2021, officers have discussed a number of options with colleagues within the Improvement Service, and in line with work that is being undertaken by other CPP's across Scotland, a workshop for all CPP members was held in January which focused on capturing and reflecting the learning from Covid-19, discussed new CPP arrangements, resources, priorities, performance monitoring and also considered the refresh of the Community Plan & Action Plan.

#### **2 RECOMMENDATIONS**

- 2.1 **I recommend that the Strategic Board:-**
  - (a) **Notes the progress made in relation to the Review;**
  - (b) **Approves the Draft Improvement Plan; and**
  - (c) **Agrees to the proposed partnership approach to deliver the Improvement Plan and relevant timescales.**

### 3 BACKGROUND

- 3.1 The CPP Strategic Board agreed at its meeting on 9th September 2021 to a review of the Community Planning Partnership, and requested that this review was concluded by the end of 2021 with outcomes presented to the CPP Strategic Board in the Spring of 2022.
- 3.2 Since that meeting, officers have discussed a number of options with colleagues within the Improvement Service, and in line with work that is being undertaken by other CPP's across Scotland, held a workshop for all CPP members on 17 January which focussed on capturing and reflecting the learning from Covid-19, discussed new CPP arrangements, resources, priorities, performance monitoring and also considered the refresh of the Community Plan & Action Plan.
- 3.3 A questionnaire was issued at the end of November which provided essential information in relation to developing the agenda of the workshop. This questionnaire was issued to all members of the Joint Programme Board and the Strategic Board at the end of November, and could be completed and submitted separately or as one organisational response.
- 3.4 The proposed outcome of the workshop was to develop a draft Scottish Borders CPP Improvement Plan to be brought back to the Board for approval.

### 4 DRAFT IMPROVEMENT PLAN

- 4.1 The CPP Programme Board met on 9 Feb 2022 and agreed that the Draft Improvement Plan reflected the workshop discussion and actions agreed. There was also agreement that the delivery of this Improvement Plan will require both leadership and resource investment and that all partners have a key role to play in delivering this Plan.
- 4.2 Whilst the timescales that had been determined were challenging, there was broad agreement that this work is urgent and requires to be undertaken.
- 4.3 There are 3 main areas of action within the draft Improvement Plan:
  - **Prioritise:** Urgently review and reduce the priorities of the CPP in partnership with our communities to inform and refresh the current Locality plans and the CPP Community Plan
  - **Governance:** In parallel, review the current CPP structures and processes to ensure they are fit for purpose and can support the delivery of these key priorities that will form the Locality Plans and Community Plans
  - **Performance:** Ensure that the CPP's long term outcomes are supported by a performance framework in which progress can be measured in the short and medium term and presented to both CPP Strategic Board, key stakeholders and our communities

## 5 DELIVERY OF THE IMPROVEMENT PLAN

5.1 The proposal for delivery of the Plan is as follows:

- A CPP Task Group will be convened in March 2022 to review key priorities and to present their findings to the Strategic Board in **June 2022** for consideration.
- The outcomes of the Placemaking work that is currently being undertaken will also be amalgamated with these CPP key priorities as the work progresses and community priorities emerge.
- During the period of **June to August 2022**, a review the current CPP structure and performance framework arrangements will be taken to support the delivery of these key priorities and enable progress to be measured and presented.

5.2 It is envisaged that all of the above will be presented to the Strategic Board in **September 2022** for final consideration and approval.

### Author(s)

Name	Designation and Contact Number
Jenni Craig	Director, Resilient Communities
Shona Smith	Communities & Partnership Manager

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## Scottish Borders Community Planning Partnership

### Draft Improvement Plan – January 2022

Improvement actions	Lead	Implications [Risk, Cost, Resource]	Target Date	Measure	Outcomes
<p><b>1. Look to refresh the Local Outcome Improvement Plan (LOIP) to account for significant changes in the operating landscape as a result of the pandemic.</b></p>					
<p>1. Rapid review of existing LOIP/Locality Plans and reduce to a few key priorities. Reflect on existing themes/outcomes and use as a basis for discussion with community. Refresh through lens of local area plans/Regional Economic Strategy (RES).</p>	<p>Programme Board to lead on this supported by development of sub-group/working group.</p>	<p><b>Risks</b></p> <p>If community engagement is not done well, there is a risk of ‘community fatigue’.</p> <p><b>Costs</b></p> <p>To avoid duplication in community engagement, the process could be split by partner and/or locality to ensure targeting of resources. Can this be tagged onto existing</p>	<p>June 2022</p>	<p>Review is completed and basis for discussion with community developed.</p>	<p>A LOIP that is relevant post-pandemic and reflects community priorities with a clear plan going forward to deliver change. The LOIP is owned by and adding value to communities, working with them across the Borders. The CPP is a recognisable entity.</p>
<p>2. Strong community engagement piece needed with the Scottish Borders community to identify</p>	<p>All partners engaged in this process (thematically and/or locality based). Similar approach to RES where</p>		<p>September 2022</p>	<p>Key priorities have been co-produced with the community with LOIP refreshed/developed.</p>	

<p>priorities that take account of the new environment and to co-produce these. Ensure language is clear (keep jargon free) and that hard to reach groups are included, with importance of rural areas recognised.</p> <p>Need a clear framework for discussion (of what direction could be) for community engagement.</p>	<p>a cross-section sub-group set up to work with key officers on the detail to develop process of engagement/review content, etc. Overseen by Programme Board.</p>	<p>engagement processes?</p>		<p>Simplified output of what actions are being progressed are to be monitored in the performance framework (Improvement Action 1), where progress can be measured in the short and medium term.</p>	
<p>3. Gather insights from those in delivery roles in front-line positions about what their experience and working relationships developed during the pandemic have been and what should now be done differently.</p>	<p>Programme Board to lead on this supported by development of sub-group/working group</p>		<p>June 2022</p>		

Improvement actions	Lead	Implications [Risk, Cost, Resource]	Target Date	Measure	Outcomes
<b>2. Review current CPP structures and processes in relation to effective decision making to ensure they are fit for purpose.</b>					
1. Feedback from partners in relation to what is working and what's not working.	Shona Smith & Shona Mitchell	<b>Risks</b> <ul style="list-style-type: none"> <li>• Change of roles – change management principles applied.</li> <li>• Good working relationships established during pandemic – need to hold onto them.</li> <li>• Don't want to lose the good learning during covid and doing things differently.</li> <li>• Not going back to previous ways of working.</li> <li>• Capacity will have to be considered in long term.</li> </ul>	End of February 2022	Output from survey	Decision making and effective structure  (including membership) that is fit for purpose

		<b>Costs</b> <ul style="list-style-type: none"> <li>• Opportunity costs in undertaking review.</li> <li>• Identify contributors and have mechanisms in place to ensure things work better.</li> </ul>			
2. Understanding what exists elsewhere – best practice & what's working well in other areas.	Shona Smith, Shona Mitchell & Vinnie Fisher			Better understanding of best practice and CPP landscape.	
3. After priorities reviewed then structure development to follow via workshop.	All partners – workshop/IS		Post-election: May 2022	Output from workshop and draft	
4. Peer review – other CPP partners across national network.	Shona Smith – CPP National Network/ can IS facilitate?		First cycle of CPP meetings after May elections	Feedback and assurance	Evidence of more representation and baseline to compare
5. CPP Programme Board to receive outline findings and proposals before presenting to Strategic Board.	Outcome of workshop to Joint Programme Board – Strategic Board				

6. Other CPP partners & key stakeholders – right contributions and have opportunities to contribute. Requires clarification.				Align to priority timescales.	
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Improvement actions	Lead	Implications [Risk, Cost, Resource]	Target Date	Measure	Outcomes
<b>3. Ensure the CPP's long term outcomes are supported by a performance framework which progress can be measured in the short and medium term</b>					
1. Clarify CPP priorities - Align outcomes to priorities of communities and then ensure we are measuring progress	Council oversee framework with partners feeding in ?	<b>Risks</b> If improvement action not implemented: <ul style="list-style-type: none"> <li>Negative publicity – loss of public confidence.</li> <li>Partnership not being effective as it could be.</li> <li>CPP continues as is – change isn't implemented.</li> </ul> <b>Costs</b> <ul style="list-style-type: none"> <li>Evaluative work – Needs to be done properly.</li> <li>Capacity for implementing action – Partners need to play their</li> </ul>	Progress on this improvement action will be dependent on timescales of above actions  Overall improvement action should aim to be implemented by summer 2022.	Clear CPP priorities with clear understanding of how priorities will be measured.	Our communities and partners are clear on the progress and impact against the identified key priorities.
2. Clarify accountability of partners for achieving priorities.				Partner organisations clear on their responsibility for achieving outcomes.	
3. Establish top KPIs that will be reported on regularly to monitor progress through identified milestones.				KPI framework established.	
4. Agree parameters of measuring KPIs – ensure all partners are measuring the same way.				Clear parameters for measuring KPIs agreed by partners.	
5. Qualitative measures – evaluation				Evaluation framework established.	

<p>infrastructure needs to be put in place. Ensure lived experience is captured to use as evidence in addition to data.</p>		<p>part, need to commit resource.</p> <ul style="list-style-type: none"> <li>• Invest in increasing profile of CPP.</li> </ul>		<p>Benefits realisation workshop undertaken to ensure members understand longer term outcomes to inform evaluation work.</p>	
<p>6. Ensure public performance report is clear and contains a concise narrative about what the CPP is trying to achieve.</p>				<p>Clear timescales in terms of reporting function – schedule of reporting and updates to Board. This should be built in across the partnership and to the public.</p>	

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# Place Making

- Update
- Implications for CPP review
- Discussion points

Spring '21

Summer '21

Autumn '21

Winter '21

Spring '22

22/23

Initial Place Making  
Proposals  
(Feb Council)

Proposed Approach  
(Aug Council)

9/10 FTE Posts  
  
Information  
Gathering

Procurement of  
Facilitators

Forward Plan  

- Prioritised  
Communities
- Borderland Target  
Towns

Procure Facilitators

Presentation &  
Discussion at  
Area Partnerships

Workshops with  
Area Partnerships

- Ambitions
- Issues
- Opportunities

Discussion at  
Area Partnerships

Draft ToR  
Online Survey

Feedback discussed  
at  
Area Partnerships

Agreed need for  
facilitated  
Workshops

Facilitated Area  
Partnership  
Workshops

- Understanding of  
Place Making
- MOU
- Prioritisation

Area Partnerships

- Agree/Monitor
- Themes
- Locality Plans
- Delivery
- Future Priority

CPP Workshop  
(April)

## What?

### Place Narrative

What's good/what strengths?  
What needs to change & why?  
Where do things need to change?  
What changes will make a difference?  
What opportunities are there?

### Place Actions

Vision & objectives  
Priorities  
Project identification  
Action Plans

## So What?

### Learning from Place Plans

Common themes across:  
Communities  
Localities  
Borders

### Further engagement over these themes?

### Contribution to:

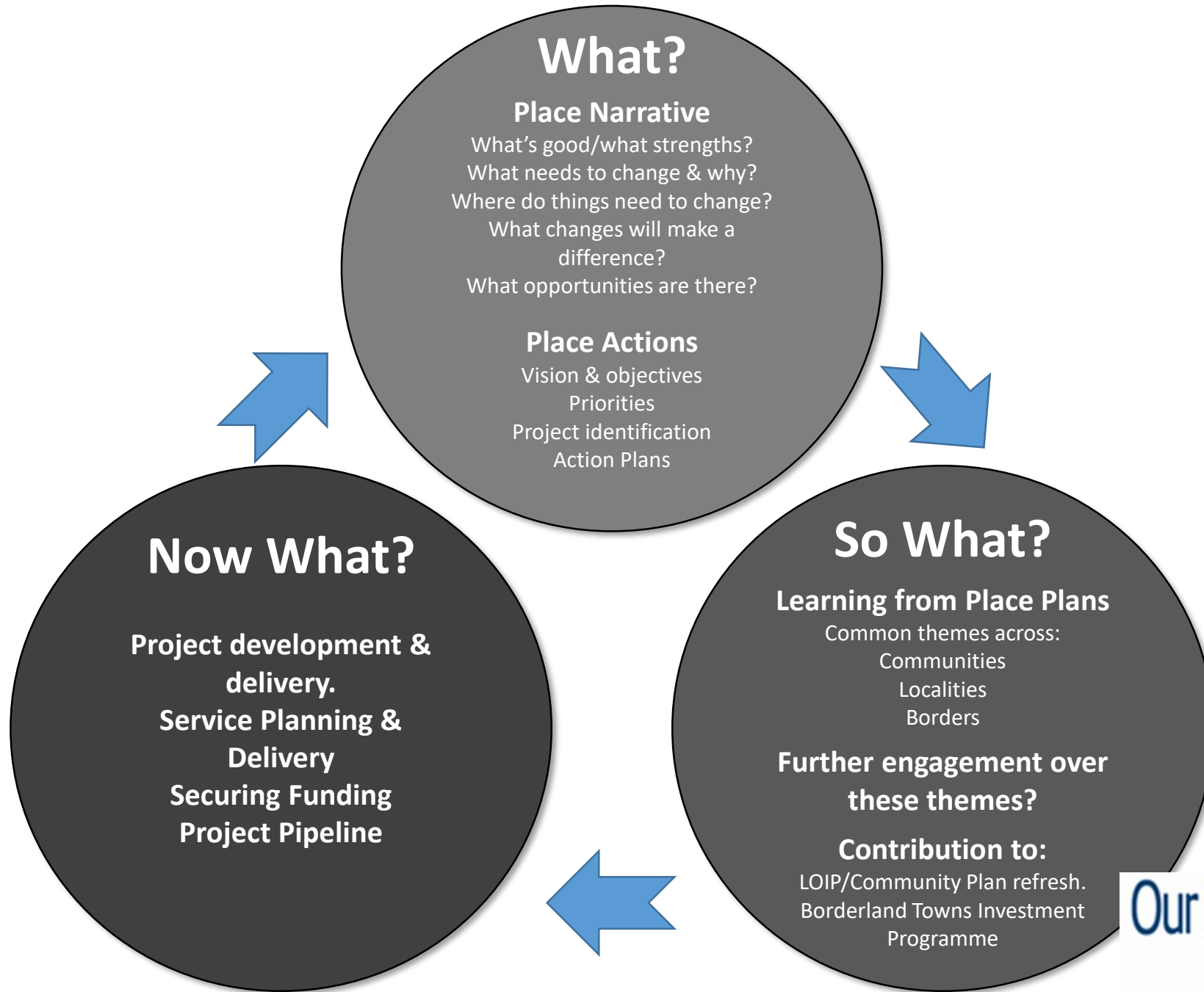
LOIP/Community Plan refresh.  
Borderland Towns Investment Programme

## Now What?

### Project development & delivery.

### Service Planning & Delivery

### Securing Funding Project Pipeline



# Discussion Points

- How do we, collectively, support:
  - The **What** - Place Making Activity with Communities?
  - The **So What** - Making sense of the output?
  - The **Now What** – Responding/Delivering/Facilitating – addressing needs, priorities and ambitions
- What does it mean for the review of CPP arrangements – and key priorities?
- How do we organise to support and deliver on place plans?

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SCOTTISH BORDERS COUNCIL

# Climate Change Route Map

Page 31

Scottish Borders Council led document but  
absolute focus on partnership and collaboration

Community Planning Partnership Strategic Board  
3rd March 2022

Agenda Item 5



## Scope of Route Map

- **Aligns with Scottish Government net zero emissions target of 2045, and interim targets for reductions of 75% by 2030, 90% by 2040**
- **Long term plan with phased definition and delivery (Phase 1 - 2022-24)**
- **5 Themes – Resilience, Transport, Nature Based Solutions, Energy & Waste Management**





## Route Map Milestones & Actions

- Each of the 5 themes set out a clear objective, purpose and 5 Milestones
- Priority actions identified for each Theme for Council approval in March 2022
- Actions will constantly evolve, shaping a strategy and framework for the future



# Net Zero Action within Community Planning Partnership

## Points for Discussion

- **Role of CPP in delivering CCRM actions**
- **How to embed Net Zero imperatives?**
- **Need for training**
- **Governance of Net Zero within the CPP**

## **Borders Alcohol & Drugs Partnership (ADP)**

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### **UPDATE TO SCOTTISH BORDERS COMMUNITY PLANNING STRATEGIC BOARD – ADP ANNUAL REPORT 2020-2021**

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#### **1 Situation**

This paper updates the CPP Strategic Board on the contents of the ADP Annual Review and highlight Annual Report 2020-21.

#### **2 Background**

The ADP is required to submit an Annual Review to Scottish Government using a prescribed template (see Appendix 1). Recognising the limitations of the template the ADP has also developed a narrative 'highlight' report which provides a more detailed update on some key developments and activities during 2020-21 (see Appendix 2). The reports do not represent all work carried out across the partnership.

The 'highlight' report includes an update on progress against Ministerial Priorities; drug and alcohol services responses during COVID-19 pandemic and progress in relation to areas for improvement identified in the ADP Strategic Plan 2021-2023.

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. It is chaired by the Joint Director of Public Health and the Vice Chair is Scottish Borders Council's Director – Social Work and Practice. Membership includes officers from NHS Borders, Scottish Borders Council, Police Scotland and Third Sector.

The 'highlight' Annual Report shows positive progress in many of the reporting areas and extracts are presented below. There are some areas where the ADP will seek work to improve in future work. There is a two year Delivery Plan in place which is monitored by the ADP Board.

#### **3 Assessment**

The 'highlight' Annual Report shows positive progress in many of the reporting areas and extracts are presented below:

- Drop-in clinics were postponed due to COVID-19 but all drug and alcohol services remained open throughout 2020-21 and adapted service provision to ensure all current and new clients were still able to access support (p35).
- During 2020-21, 512 individuals started treatment with 99% starting within three weeks of referral against target of 90% (p36).
- Online recovery/fellowship meetings continued throughout 2020-21 with WAVY Mutual Aid Partnerships meeting online and expanded (p36).
- In 2020-21 there were 49 first supplies of Take Home Naloxone provided across Borders. In Borders we have reached 86% of our estimated population of opiates/benzodiazepines drug users with a first time kit compared with 57% nationally (p37).
- Good progress is being made in Borders in relation to Medication Assisted Treatment (MAT) standards<sup>1</sup> 1-5 and Borders Addiction Service (BAS) has been awarded national funding to participate in a MAT Sub-Group test of change. The numbers of people starting same day prescribing increased. Patient choice expanded to include additional formulations of an existing medication (buprenorphine) Espranor and Buvidal (p38). Espranor is a sub-lingual formulation and Buvidal is an extended release injection.
- Despite schools being closed due to restrictions, CHIMES (Children Affected by Parental Substance Use/Family Service) was able to support children impacted by a family member's alcohol and/or drug use, young carers and parents with concerns around their drug/alcohol use. During 2020-21 CHIMES staff members applied for and distributed over £65,000 to families to enable practical support e.g. fuel, energy, food and broadband costs as well as activities, technology and equipment (p38).

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<sup>1</sup> <https://www.gov.scot/publications/medication-assisted-treatment-mat-standards-scotland-access-choice-support/>

- During 2020-21 Borders ADP Support Team coordinated 12 online training courses with 130 participants attending (p39).
- A total of 1341 alcohol brief interventions were delivered across Primary Care, Antenatal and wider settings. This was against a target of 1312 (102%) (p40).

### 3.1 Progress in relation to areas for improvement identified in the ADP Strategic Plan 2021-2023

- Involvement of lived experience –Pre COVID-19 positive meetings were held with people with lived experience and family members. This panel has continued to meet online and consider how to develop lived experience involvement in ADP planning.
- Independent Advocacy - The ADP contributes a small amount of funding (£5,000) towards the contract for independent advocacy in Borders. No further development has progressed in 2020-21 and the ADP is currently exploring additional capacity within the system (p41).
- Pathways for people experiencing both mental health and substance use concerns ('co-morbidity') - Development of formal pathways was not progressed during COVID-19, however, work is ongoing within Mental Health to progress this work (p41).

### 3.2 Preventing drug related deaths

Prevention of drug related deaths remains a priority for all ADP partners. The 2019 Annual Report was produced and presented at the Critical Services Oversight Group (CSOG). In May 21, a pilot to test a Non Fatal Overdose Pathway was established to ensure people experiencing non fatal overdose are identified and offered appropriate outreach and aftercare including referral into drug treatment service (p37).

## 4 Recommendation

The CPP Programme Board is recommended to: Note the reports.

Fiona Doig

24.2.22

## Appendix One: Alcohol & Drugs Partnership Annual Review 2020/21

### ALCOHOL AND DRUG PARTNERSHIP ANNUAL REVIEW 2020/21 (Scottish Borders)

- I. Delivery progress
- II. Financial framework

This form is designed to capture your **progress during the financial year 2020/2021** against the [Rights, Respect and Recovery strategy](#) including the Drug Deaths Task Force [emergency response paper and the Alcohol Framework 2018](#). We recognise that each ADP is on a journey of improvement and it is likely that further progress has been made since 2020/21. Please note that we have opted for a tick box approach for this annual review but want to emphasise that the options provided are for ease of completion and it is not expected that every ADP will have all options in place. We have also included open text questions where you can share details of progress in more detail. Please ensure all sections are fully completed. **You should include any additional information in each section that you feel relevant to any services affected by COVID-19.**

The data provided in this form will allow us to provide updates and assurance to Scottish Ministers around ADP delivery. The data will also be shared with Public Health Scotland (PHS) evaluation team to inform monitoring and evaluation of drugs policy.

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

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

The Scottish Government copy should be sent by **Wednesday 14th October 2021** to: [drugsmiissiondeliveryteam@gov.scot](mailto:drugsmiissiondeliveryteam@gov.scot)

**NAME OF ADP: Borders ADP**

**Key contact:**

**Name: Fiona Doig**

**Job title: Head of Health Improvement/Strategic Lead - ADP**

**Contact email: Fiona.doig@borders.scot.nhs.uk**

**I. DELIVERY PROGRESS REPORT**

**1. Representation**

1.1 Was there representation from the following local strategic partnerships on the ADP?

Community Justice Partnership	Y	
Children's Partnership	Y	
Integration Authority		Y

1.2 What organisations are represented on the ADP and who was the chair during 2020/21?

Chair: Dr Tim Patterson, Joint Director of Public Health, NHS Borders and Scottish Borders Council

**Representation**

*The public sector:*

Police Scotland	Y
Public Health Scotland	N
Alcohol and drug services	Y
NHS Board strategic planning	Y
Integration Authority	Y
Scottish Prison Service (where there is a prison within the geographical area)	N/A
Children's services	Y
Children and families social work	Y
Housing	Y
Employability	N
Community justice	Y
Mental health services	Y
Elected members	Y
Other	Local Authority Commissioning and Procurement NHS Finance Manager Joint Health Improvement Team

*The third sector: we commission SDF to provide independent third sector representation*

Commissioned alcohol and drug services	Y
Third sector representative organisation	Y
Other third sector organisations	N
People with lived/ living experience	N
Other community representatives	N
Other	N

1.3 Are the following details about the ADP publically available (e.g. on a website)?

Membership	N
Papers and minutes of meetings	N
Annual reports/reviews	Y
Strategic plan	Y

1.4 How many times did the ADP executive/ oversight group meet during 2020/21?  
The ADP Board met 5 times during 2020/21.

1.5 Please give details of the staff employed within the ADP Support Team

Job Title	Whole Time Equivalent
1. Head of Health Improvement/ Strategic Lead ADP	0.5 WTE
2. Coordinator	1 WTE
3. Project Officer May 2021)	0.8 WTE (increased from 0.4
4. Data & Performance Officer	0.25 WTE

Total WTE 2.55 (Permanent)

## 2. Education and Prevention

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

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



Leaflets/ take home information	Y
Posters	N
Website/ social media <a href="http://www.nhsborders.scot.nhs.uk/badp">http://www.nhsborders.scot.nhs.uk/badp</a>	Y
Accessible formats (e.g. in different languages) Available on demand.	Y
Other	<input type="checkbox"/>
Please provide details.....	

2.2 Please provide details of any specific communications campaigns or activities carried out during 19/20 (E.g. Count 14 / specific communication with people who alcohol / drugs and/or at risk)(max 300 words).

Due to COVID-19 there were no specific communications or activities relating to Count 14. However regular communication was shared on ADP website for members of the public around support that available from drug and alcohol services as well as new facilities e.g. click and collect IEP provision. Weekly service updates were provided to Scottish Drugs Forum and Scottish Borders Council during Spring-Autumn 2020.

2.3 Please provide details on education and prevention measures/ services/ projects provided during the year 19/20 specifically around drugs and alcohol (max 300 words).

Alcohol Focus Scotland was commissioned by Borders Alcohol & Drugs Partnership to deliver the Oh Lila programme to nurseries and agencies within the local authority area, following a successful pilot session delivered in September 2019.

During February 2020, four training sessions were held for early years establishments face to face, with a further 3 sessions due to take place in May 2020. Due to COVID-19 restrictions and lockdown this training was postponed. The remainder of training was picked up in Winter/Spring 2020/21 in a virtual training environment using MS Teams. Drop in sessions via MS Teams were also offered to staff to support those who had been trained prior to lock downs and unable to practice using the materials.

Oh Lila is a child friendly resource suitable for use with children aged 3 to 6 years and aims to build resilience and protective factors in young children, helping them to develop social skills and encouraging them to communicate.

During 2020/21 Borders ADP Support Team coordinated 12 online training courses with 130 participants in attendance (76 Statutory sector, 30 Voluntary sector, 24 other such as housing association and foster carers).

Course delivered included Emerging Trends, Introduction to Foetal Alcohol Syndrome, Benzodiazapines and Managing Emotion

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

Formal setting such as schools  Y  
Youth Groups   
Community Learning and Development  Y  
Other – please provide details multiagency training, drug and alcohol services Y

2.5 Please detail how much was spend on Education / Prevention activities in the different settings above

Formal setting such as schools  
Youth Groups  
Community Learning and Development  
Other – as above £5298

2.6 Was the ADP represented at the Alcohol Licensing Forum?

Yes  Y  
No

Please provide details (max 300 words)

The ADP Co-ordinator represents Public Health on the Local Licensing Forum.

The LLF met jointly with the Licensing Board in December 2020 and noted the report provided by the Board. The Licensing (Scotland) Act 2005 required the Board to hold hearings in public, however, the lockdown meant that this was not possible. With both businesses and licensing authorities under unprecedented disruption as a result of the Covid-19 outbreak, the Scottish Government moved swiftly and passed the Coronavirus (Scotland) Act 2020 which allowed the Board some flexibility with regard to the timescales and deadlines stipulated in the 2005 Act. In addition, the 2020 Act contained provisions

which gave the Board a new discretion to dispense with the requirement to hold meetings in public and to instead provide alternative means for persons to be heard by telephone, video conferencing or by written communication including by electronic means. As a consequence, the Board was able to recommence meetings by Microsoft Teams Video Conferencing and held its first meeting by this medium on 31 July 2020. This has subsequently enabled the Board to meet on a monthly basis as it normally did prior to the Covid-19 outbreak.

2.7 Do Public Health review and advise the Board on license applications?

All

Most

Some  Y

None

Please provide details (max 300 words)

Borders ADP Support Team review all new licence and variations on behalf of Public Health.

Occasional licences which have a child/family element and that are brought to the attention of ADP Support Team by Licensing Standards Officer

### 3. RRR Treatment and Recovery - Eight point plan

People access treatment and support – particularly those at most risk (where appropriate please refer to the Drug Deaths Taskforce publication [Evidence-Based Strategies for Preventing Drug-Related Deaths in Scotland](#): priority 2, 3 and 4 when answering questions 3.1, 3.2, 3.3 and 3.4)

3.1 During 2020/21 was there an Immediate Response Pathway for Non-fatal Overdose in place?

Yes

No

In development Y

Please give details of developments (max 300 words)

Protocol between SAS, NHS Borders Addictions Service (BAS) and Emergency Dept was put in place in 2019 but was not fully implemented. In February 2021 agreement was reached for ADP Support Team to progress a pilot with information sharing with SAS, Police and NHS for all individuals experiencing a non-fatal overdose. This pilot was implemented in May 2021 with evaluation to take place in September 2021. Information is shared on a daily basis via SAS with BAS and any additional referrals received from Police to BAS. The Assertive Engagement Team (ES Team) will then make contact with individuals within 48 hours of referral with appropriate harm reduction advice and support into service where appropriate.

3.2 Please provide details on the process for rapid re-engagement in alcohol and/or drug services following a period of absence, particularly for those at risk and during COVID-19. Are services fully open at normal levels / blended services on offer? (max 300 words).

In addition to the NFO pathway, the ES Team accept referrals from the core team in both BAS and We Are With You for people who have missed appointments, pharmacy pick-ups or have not engaged since original referral. Referrals will also be made by the Substance Liaison Service in the acute hospital. The ES Team will make additional attempts to engage with individuals via phone or face-to-face visits.

Drop-in clinics were postponed due to COVID-19 but all drug and alcohol services remained open in the Borders and were able to see new and current clients via telephone, online or where clinically appropriate face to face for those at high risk. Appropriate COVID-19 safety measures were in place. Where clients were asked to self-isolate or shield, staff were able to deliver medication as required including naloxone and injecting equipment provision. No staff in drug and alcohol services were transferred to work in other areas in response to COVID-19 in 2020-21.

All services are now open although, in line with COVID-19 restrictions, some activities remained online during the year e.g. recovery groups in WAWY. Drop-in clinics and First Steps harm reduction groups were suspended until post April 2021.

3.3 What treatment or screening options were in place to address drug harms? (*mark all that apply*)

same day prescribing of OST	Y	
Methadone	Y	
Buprenorphine and naloxone combined (Suboxone)	Y	
Buprenorphine sublingual	Y	
Buprenorphine depot		Y
Diamorphine		N
Naloxone	Y	
BBV Screening (although lab suspended work for part of the year)	Y	
Access to crisis support	Y *	
Access to detox from opiates/benzos - rehab	Y	
Other non-opioid based treatment options		<input type="checkbox"/> Please provide details.....

\* We do not have an addiction specific crisis service but have duty system that frequently supports people in crisis. Referrals are made to crisis services outside addictions, such as Distress Brief Interventions or the Crisis Team in Mental Health.

3.4 What measures were introduced to improve access to alcohol and/or drug treatment and support services during the year, particularly for those at risk 20/21 (max 300 words).

Services exceeded the Local Delivery Plan Standard with 99% (492/496) of referrals starting treatment within three weeks during 2020/21.

Borders Addiction Service (BAS) continued to provide same day prescribing where safe with 80% starting on same day and the remaining 20% commencing within 7 days in Quarter 4 2020/21.

At the start of lock down all clients on an OST prescription were reviewed and moved to reduced supervision. The service has now reviewed those and completed further risk assessments moving those at most risk back to daily supervision of their medication.

For people instructed to self isolate, medication was being delivered where required.

IEP/Naloxone:

All Community Pharmacies providing IEP had returned to normal working hours from 11.5.20. WAWY launched a click and collect service and was also open from 11 – 3pm daily for collection of IEP and Naloxone. Home deliveries were also made for IEP and naloxone to those who could not access equipment, where safe to do so.

Expansion of naloxone provision:

Following the letter from Scottish Government about the letter of comfort from Lord Advocate to expand naloxone provision into non drug services, this was implemented in Community Rehabilitation Team, Homelessness Service, CHIMES and Justice Services. All Community Pharmacies also received an invitation to sign up to a Service Level Agreement to supply take home naloxone and emergency naloxone supply.

CHIMES (CAPSM service)

This service continued to support children, young people and parents offering home visits, door- step visits and socially distanced walks. Families were supported to access emergency funds for supporting families in crisis and in need of immediate support for food, clothing, gas/ electricity and fuel for vehicles.

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

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

*People engage in effective high quality treatment and recovery services*

3.6 Were Quality Assurance arrangements in place for the following services?(examples could include review performance against targets/success indicators, clinical governance reviews, case file audits, review against delivery of the quality principles):

*Adult Services*

*Children and Family Services*

Third sector	Y	Y
Public sector	Y	N/A
Other	N/A	N/A

3.7 Please give details on how services were Quality Assured including any external validation e.g. through care inspectorate or other organisations?(max 300 words)

- Third Sector Adult: ADP quarterly monitoring meetings are in place based on Service Specification.

Service registered with Care Inspectorate – last inspection was in June 2018.

- Third Sector Children and families: ADP quarterly monitoring meetings are in place based on Service Specification. Internal safeguarding audits on case-files are carried out quarterly by senior managers. This service is jointly commissioned with the local Children’s Planning Partnership and performance is reviewed by the Commissioning Sub-Group which includes meeting with young people using the service.

- Public Sector Adult: ADP quarterly monitoring meetings are in place based on Service Specification.

- Local and senior managers from all commissioned services attend quarterly Quality Principles meeting.

Thank you for completing the recent Scottish Government ADP Pathways Survey, which gathered data for 2019/20. The following questions look to gather the same data for 2020/21.

3.8 Were there pathways for people to access residential rehabilitation in your area in 2020/21?

Yes  Y

No

Please give details below (including referral and assessment process, and a breakdown between alcohol and drugs referrals) (max 300 words)

BAS accept self referrals and referrals from colleagues such as GP’s and Social Workers. Medical assessment is undertaken by the Addictions Psychiatrist in BAS. Assessment is undertaken by a BAS Support Worker.

3.9 How many people started a residential rehab placement during 2020/21? (if possible, please provide a gender breakdown)

3 in Total for 2020/21 (2 males, 1 female)

*People with lived and living experience will be involved in service design, development and delivery*

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

*For people with lived experience:*

Feedback/ complaints process	Y
Questionnaires/ surveys	N
Focus groups / panels	N
Lived/living experience group/ forum	Y
Board Representation within services	N
Board Representation at ADP	N

Other  Naloxone Peer Champions now members of Harm Reduction group. Staff Recruitment

Please provide additional information (optional)

[Click or tap here to enter text.](#)

*For family members:*

Feedback/ complaints process	Y
Questionnaires/ surveys	N
Focus groups / panels	N
Lived/living experience group/ forum	Y
Board Representation within services	N
Board Representation at ADP	N

Other  Please provide details.....

Please provide additional information (optional)

[Click or tap here to enter text.](#)

3.11 Had the involvement of people with lived/ living experience, including that of family members, changed over the course of the 2020/21 financial year?

Improved	Y
Stayed the same	<input type="checkbox"/>
Scaled back	<input type="checkbox"/>
No longer in place	<input type="checkbox"/>



Please give details of any changes (max 300 words)

A new lived experience panel for individuals and family members has continued to meet and consider how to develop lived experience involvement in ADP Planning. This group is chaired by Recovery Engagement Officer within WAWY and supported by officers from Serendipity Recovery Café, Scottish Recovery Consortium and ADP Support Team. The group met on 5 occasions during 2020/21 with Terms of Reference and methods of communication agreed. Input from Scottish Recovery Consortium on A Human Rights Approach were provided. AN update from the panel is a standing item the ADP Board Meeting Agendas and we are working with the group to further develop our processes.

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

Yes  Y

No

Please give details below (max 300 words)

Scottish Drugs Forum are working alongside We Are With You Borders to implement a Peer Naloxone Supply to people at risk of, or likely to witness an overdose. This is a Drug Death Task Force funded project and an immediate response to the increasing drug related deaths in Scotland. Recruitment took place in March 2021. WAWY has volunteering roles for people with lived experience.

*People access interventions to reduce drug related harm*

3.13 Which of these settings offered the following to the public during 2020/21?(mark all that apply)

<i>Setting:</i>	<i>Supply Naloxone</i>	<i>Hep C Testing</i>	<i>IEP Provision</i>	<i>Wound care</i>
Drug services Council	N/A	N/A	N/A	N/A
Drug Services NHS	Y	Y	Y	Y
Drug services 3rd Sector	Y	Y	Y	Y
Homelessness services	Y	N	N	N
Peer-led initiatives	Y	N/A	N/A	N/A
Community pharmacies	Y	N	Y	N
GPs	N	Y	N	Y

A&E Departments	Y	N	N	Y
Women's support services	Y	N	N	N
Family support services	N	N	N	N
Mental health services	Y	N	N	N
Justice services	Y	N	N	N
Mobile / outreach services	Y	Y	Y	Y
Other ... (please detail)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Click or tap here to enter text.				

*A person-centred approach is developed*

3.14 To what extent were Recovery Oriented Systems of Care (ROSC) embedded across services within the ADP area? ROSC is centred around recognising the needs of an individual's unique path to recovery. This places the focus on autonomy, choice and responsibility when considering treatment.

- Fully embedded
- Partially embedded
- Not embedded

Please provide details(max 300 words)

Commissioned services in Borders take a proactive approach to delivering ROSC and have continued to ensure harm reduction support, assertive engagement, family support and recovery is available during COVID-19.

Representation of lived experience continues to be explored with our lived experience group exploring ways to ensure lived experience is involved in development of ADP Strategy and Delivery plan.

Access to Buprenorphine has increased. Of the people receiving opiate substitute prescriptions:

- 63% receive Methadone
- 22% receive Oral Buprenorphine
- 15% receive Buprenorphine

Good relationships are in place via the Children and Young People's Leadership Group, Community Justice Board and individual services supported by ADP members.

ADP provide a small amount of funding (£5,000) towards the contract for independent advocacy in Borders. Development of advocacy has been outstanding for two years and had been compounded by COVID-19 as well as:

- Pausing of review of existing adult independent advocacy contract
- Children and Young People's Leadership Group unable to progress a decision relating to children's advocacy.

Until the independent advocacy contract is reviewed, ADP have agreed to support workforce development within the current service provider and enhance their capacity.

3.15 Are there protocols in place between alcohol and drug services and mental health services to provide joined up support for people who experience these concurrent problems (dual diagnosis)?

Yes

No

Please provide details(max 300 words)

There are no formal protocols in place however the Borders Addiction Service is housed within NHS Borders Mental Health directorate so there is ready opportunity for liaison. This liaison is enhanced by the fact that the Consultant in Addictions Psychiatry in BAS is also a member of the Community Mental Health Team. Likewise the BAS Service Manager also has responsibility for the Mental Health Rehabilitation Service. BAS hosts a small Addictions Psychology Therapies Team. Third sector alcohol and drugs services are able to directly refer into this team. Development of more formal pathways was not progressed during COVID-19.

Is staff training provided (dual diagnosis)?

Yes

No

Please provide details (max 300 words)

Dual Diagnosis was delivered as part of the training directory for 2020-21

Have mental health services requested Naloxone following updated guidelines from the Lord Advocate?

Yes

No

Please provide details (max 300 words)

Mental Health Inpatient Ward and Community Mental Health Teams as well as Rehab Team are now all able to supply naloxone.

*The recovery community achieves its potential*

3.16 Were there active recovery communities in your area during the year 2020/21?

Yes

No

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

Yes

No

3.18 Please provide a short description of the recovery communities in your area during the year 2020/21 and how they have been supported (max 300 words)

MAP Groups – Mutual Aid Partnership Groups met online and expanded to include impact of lockdown on recovery, drug and alcohol related discussion and wider recovery activities for example quizzes and relaxation sessions. These groups take place three times per week.

Serendipity was required to close all groups but support was made available via phone or email.

Information on SRC online directory of online recovery and support activities was made available on ADP website and shared with staff

*A trauma-informed approach is developed*

3.19 During 2020/21 have services adopted a [trauma-informed approach](#)?

All services

The majority of services

Some services

No services

Please provide a summary of progress (max 300 words)

An audit of Knowledge and Training was carried out across drug and alcohol services with trauma informed training, coaching and motivational interviewing training being identified as a gap for some new staff. Training needs were built into Training directory for 2021-22.

Services currently offer psychologically-informed care at Tier 1 via Motivational Interviewing and at Tier 2 via Core CBT Skills for Relapse Prevention and Recovery Management which is well-embedded across the services.

Trauma informed training has been provided 'in house' but on limited occasions.

MAT DDTF funding:

Funding was also secured to support MAT Standard 6 from the MAT DDTF funding to ensure psycho social intervention at Tier 2 level across our services with Addiction Psychology Treatment Team (APTT) providing training and coaching across all three services. This will increase capacity within the team as well as recruit 2 further posts. Agreement has been reached that this funding will commence from September 2021 for one year. It is hoped that this will also ensure that people can access Tier 2 level intervention from BAS, WAVY or CHIMES at a much earlier stage to avoid requirement for tier 3 / 4 level intervention.

*An intelligence-led approach future-proofs delivery*

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

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

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

There are no formal arrangements to undertake alcohol related deaths specifically. However, any death in service (e.g. NHS or third sector) is subject to a review and lessons learned applied to that service. ADP invited AFS to discuss the published Alcohol Deaths Audit Guidance. It was not possible to progress this work in 2020-21.

3.22 Please provide a summary of arrangements which were in place to carry out reviews on drug related deaths and how lessons learned are built into practice (max 300 words)

Borders Drug Death Review Group (DDRG) is in place to ensure liaison between agencies in efforts to introduce interventions aimed at reducing drug-related deaths at local level.

The DDRG is a small closed group chaired by the Chief Social Work Officer that meets on a regular basis to share and analyse relevant information on all drug related deaths including those people not in treatment services.

The aim of the group is to reduce Drug Related Deaths (DRDs) by exploring the circumstances of a death once confirmed by pathology as a DRD in the Scottish Borders; to identify learning from the reviews and promote best practice; contribute to the National Drug-related Deaths Database (NDRDD) and; implement national and local drug strategies to reduce problem drug use.

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

Separate Management Reviews are also carried out by Borders Addictions Service where a client is in service at time of death with actions identified where appropriate. Membership of the DDRG group includes NHS, Police, Scottish Borders Council, Drug Services and ADP Support Team. An annual report is provided to Critical Services Oversight Group (Chief Officers from Police, NHS and Local Authority) to allow scrutiny of the process.

#### 4. Getting it Right for Children, Young People and Families

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

Yes   
No X

Please give details (E.g. type of support offered and target age groups)

Children and young people, depending on their presentation and needs, are supported through the Wellbeing for Resilience service (11-18). WAWY and BAS accept referrals from aged 16.

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

Yes

No

Please give details (E.g. type of support offered and target age groups)

Chimes service offers support to children and young people (up to 18 years) impacted by another's alcohol and/or drug use. An initial home visit is undertaken as part of the assessment process. Children will work with a key worker for 1:1 support, however, the nature of the work often involves additional family members and work can therefore take place in small familial groups where appropriate.

As well as emotional support for resilience, children can also access group work including first aid and life-skills.

The service will work with parents (or the substance using family member) to help understanding and mitigation of the impacts on the child including emotional and behavioural development. This can also include some work to support wider treatment goals e.g. relapse preventions.

The service also works with kinship carers to provide support and understanding

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

Yes

No

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

The ADP Strategic Lead is a member of the local Children and Young People's Leadership Group and Chair of the Commissioning Sub-group.

The current Children and Young People's Integrated Services Plan for 2020-21 had five key priorities and these are relevant to children and young people impacted by their own or others' substance use:

1. Keeping children and young people safe
2. Promoting the health and well-being of all children and young people and reducing health inequalities
3. Improving the well-being and life chances for our most vulnerable children and young people
4. Raising attainment and achievement for all learners
5. Increasing participation and engagement.

4.4 Did services for children and young people, with alcohol and/or drugs problems, change in the 2020/21 financial year?

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

Please provide additional information (max 300 words)

The Wellbeing for Resilience has been in place for three years and continues to provide support to children and young people.

4.5 Did services for children and young people, affected by alcohol and/or drug problems of a parent / carer or other adult, change in the 2020/21 financial year?

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

Please provide additional information (max 300 words)

Chimes (Action For Children) provides a service to CAPSM children (up to age 18), parents, expectant mothers and (usually kinship) carers as well as raising awareness of the impact of alcohol and drug use on children and develop understanding of resilience and the protective factors that may help the children and the family with practitioners.

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



Yes

No

Please provide details (max 300 words)

WAWY provides one to one and group support for impacted adult family members based on the Craft programme.

Chimes also provides support for family members where there is a child impacted, this includes kinship carers.

4.7 Did services for adult family members change in the 2020/21 financial year?

Improved

Stayed the same

Scaled back

No longer in place

Please provide additional information (max 300 words)

Due to COVID-19 restrictions some support was delivered via telephone and online during 2020-21.

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

<i>Services: treatment</i>	<i>Family member in treatment</i>	<i>Family member not in</i>
Advice	x	x
Mutual aid	x	x
Mentoring	<input type="checkbox"/>	<input type="checkbox"/>
Social Activities	<input type="checkbox"/>	<input type="checkbox"/>
Personal Development	<input type="checkbox"/>	<input type="checkbox"/>
Advocacy	<input type="checkbox"/>	<input type="checkbox"/>
Support for victims of gender based violence	<input type="checkbox"/>	<input type="checkbox"/>
Other	<i>(Please detail below)</i> <input type="checkbox"/>	<input type="checkbox"/>

Please provide additional information (max 300 words)

The Domestic Abuse Advocacy Service in Borders is provided by Scottish Borders Council.

### 5. A Public Health Approach to Justice

5.1 If you have a prison in your area, were arrangements in place and executed to ensure prisoners who are identified as at risk left prison with naloxone?

Yes

No

No prison in ADP area

Please provide details on how effective the arrangements were in making this happen (max 300 words)

[Click or tap here to enter text.](#)

5.2 Has the ADP worked with community justice partners in the following ways? (*mark all that apply*)

Information sharing

Providing advice/ guidance

Coordinating activities

Joint funding of activities

Upon release, is access available to non-fatal overdose pathways?

Other  Please provide details

Please provide details (max 300 words)

The Justice Social Work Service supports the delivery of ABI. The service delivers ABI as part of the Induction process for individuals subject to unpaid work, in addition to screening when undertaking Criminal Justice Court Report interviews.

The Justice Social Work Service commissions a Drug Treatment and Testing Order service, delivered in partnership with BAS. Use of DTTO by the Court is relatively low and is currently under review.

The service's Group Manager sits on and contributes to the Drug Death Review Group.

The Reconnect Women's programme were able to start up with small groups after COVID-19 restrictions in August 2020. The CBT based work undertaken can be accessed on either a voluntary or court mandated bases. Drug and Alcohol support services have over the year, played a part in the sharing of keep safe and other support information to women as part of the programme delivery. Reconnect also have access and can supply Take Home Naloxone as part of the extension to non drug services.

While the use of Diversion by the Procurator Fiscal Service is relatively low, opportunities to refer individuals to drug and alcohol support services are in place. This is a useful opportunity to engage and deliver Early Effective Intervention across Youth and Adult Justice, with an aim to address problematic substance use that is impacting negatively on decision making and behaviours avoiding remittance to the Court.

5.3 Has the ADP contributed toward community justice strategic plans (E.g. diversion from justice) in the following ways? *(mark all that apply)*

- Information sharing
- Providing advice/ guidance
- Coordinating activities
- Joint funding of activities
- Other  Please provide details

Please provide details (max 300 words)

ADP Support Team is represented on the Community Justice Board. The Community Justice Manager is a member of the ADP. Information sharing includes supporting the production of the Justice Board's strategic assessment and associated plan.

5.4 What pathways, protocols and arrangements were in place for individuals with alcohol and drug treatment needs at the following points in the criminal justice pathway? Please also include any support for families. (max 600 words)

a) Upon arrest

An Arrest Referral scheme is in place in Lothian and Borders area. ABI's are performed in the one Custody Suite in Borders although during 2020-21, Hawick Custody Suite was closed for some time.

b) Upon release from prison

Pathways are in place between Justice Social Work Services and BAS and other third sector services including WAWY. The arrangements seek to ensure signposting and referrals are made timeously for those being released from custody following a short term custodial sentence. BAS are in a position to enable ready access to prescriptions including same day prescribing where appropriate.

Development work is ongoing and seeks to strengthen the links between, drug and alcohol services, Justice Social Work and Scottish Prisons, with an aim to increase the take up of services by those returning to the community.

Statutory Throughcare and Community Court disposals are well supported by alcohol and drug services, including BAS and A/WAWY. Referral pathways are well established. Engagement with services is often a court or parole mandated requirement for those presenting with drug and alcohol issues. Support services regularly feed into the statutory review process and inform case management plans.

## 6. Equalities

Please give details of any specific services or interventions which were undertaken during 2020/21 to support the following equalities groups:
6.1 Older people ( <i>please note that C&amp;YP is asked separately in section 4 above</i> ) No specific intervention
6.2 People with physical disabilities No specific intervention
6.3 People with sensory impairments No specific intervention
6.4 People with learning difficulties / cognitive impairments. No specific intervention
6.5 LGBTQ+ communities No specific intervention
6.6 Minority ethnic communities No specific intervention
6.7 Religious communities No specific intervention
6.8 Women and girls (including pregnancy and maternity) ABI's are delivered by midwives in antenatal settings and by health visitors. CHIMES can provide support to pregnant women. A Foetal Alcohol Syndrome training session was delivered as part of the ADP Workforce Development Training Directory An input was delivered to the Violence Against Woman Partnership Delivery Group on drug deaths and women.

## II. FINANCIAL FRAMEWORK 2020/21

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

### A) Total Income from all sources

Funding Source (If a breakdown is not possible please show as a total)	£
Scottish Government funding via NHS Board baseline allocation to Integration Authority	£1,049,582
2020/21 Programme for Government Funding	£657,583
Additional funding from Integration Authority	0
Funding from Local Authority	£209,047
Funding from NHS Board	£841,471
Total funding from other sources not detailed above	£25,000
Carry forwards	£121,709
Other	0
<b>Total</b>	<b>£2,904,392</b>

### B) Total Expenditure from sources

	£
Prevention including educational inputs, licensing objectives, Alcohol Brief Interventions)	£25,920

Community based treatment and recovery services for adults	£1,918,039
Inpatient detox services	0
Residential rehabilitation services	£5,892
Recovery community initiatives	£258
Advocacy Services	£5,000
Services for families affected by alcohol and drug use	0
Alcohol and drug services specifically for children and young people	£252,973
Community treatment and support services specifically for people in the justice system	£66,465
Other	£196,643
<b>Total</b>	<b>£2,471,190</b>

<sup>1</sup>It is not possible to disaggregate the spend on inpatient detox from overall mental health spend.

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

7.1 Are all investments against the following streams agreed in partnership through ADPs with approval from IJBs? *(please refer to your funding letter dated 29<sup>th</sup> May 2020)*

- Scottish Government funding via NHS Board baseline allocation to Integration Authority
- 2020/21 Programme for Government Funding

Yes  Y  
No

Please provide details (max 300 words)  
Click or tap here to enter text.

7.2 Are all investments in alcohol and drug services (as summarised in Table A) invested in partnership through ADPs with approval from IJBs/ Children's Partnership / Community Justice Partnerships as required?

Yes

No

Please provide details (max 300 words)

[Click or tap here to enter text.](#)





**ADP**

**Highlight Annual Report  
2020-21**

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## 1. Introduction

The Alcohol & Drugs Partnership (ADP) is required to produce an annual report for Scottish Government based on a template provided. This narrative report is intended to provide an update on some key developments and activities during 2020-21. This report does not include the full extent of all work carried out.

The role of the ADP is to deliver Scotland's national alcohol and drug strategy, [Rights, Respect and Recovery](#) and provide strategic direction to reduce the level of drug and alcohol problems amongst children, young people and adults in the Borders based on local need.

Despite all the challenges that COVID-19 brought, this report highlights the successful partnership working across agencies and demonstrates how, even in times of crisis, they came together to ensure those most at need continued to receive the support they required as well as meeting the demands of the Scottish Government and new Drugs Policy Team.

During 2020-21, Scottish Parliament agreed a motion declaring Scotland's drug deaths a public health emergency and announced additional national funding to be provided to support action to prevent drug deaths.

### **Funding**

There were four different funding streams for ADP in 2020-21.

<b>Funding</b>	<b>Amount</b>
1. Core Funding	£1,049,582
2. Programme for Government Funding	£358,278
3. Drugs Death Task Force funding (allocated Nov 2020)	£26,688
4. Additional Drug Death Prevention Funding (allocated Feb 2021)	£47,773

Appendix one provides a summary of spend in 2020-21.

### **Ministerial Priorities**

ADPs are required to deliver work to address the following Ministerial Priorities which reflect Rights, Respect and Recovery and the Alcohol Framework.

- A recovery orientated approach which reduces harms and prevents deaths

- A whole family approach
- A public health approach to justice
- Prevention, education and early intervention
- A reduction in the affordability, availability and attractiveness of alcohol

ADPs are expected to set their own actions, improvement goals, measures and tests of changes alongside national deliverable to drive quality improvement at a local level.

The priorities are reflected in our local [Strategic Plan 2020-23](#).

### **ADP Support Team**

In 2020-21, the ADP Support Team included the following staff: 1.0 WTE Head of Health Improvement/Strategic Lead ADP, 1.0 WTE ADP Coordinator, 0.5 WTE Data and Performance Officer (shared post with Health Improvement) and 0.4 WTE hours Personal Assistant.

Appendix Two provides a summary of representation by the ADP Support Team on wider partnership groups.

## **2. Drug & Alcohol Services COVID-19 Response**

There are three ADP commissioned drug and alcohol services in the Scottish Borders: Borders Addiction Service; We Are With You and CHIMES. These services provide a range of harm reduction, treatment and psychological interventions, as well as wider support including employment, housing and family members support. For more information on local services click [here](#).

### **Adult Drug & Alcohol Services**

Drop-in clinics were postponed due to COVID-19 but all drug and alcohol services remained open throughout 2020-21 and adapted service provision to ensure all current and new clients were still able to access support. At the start of lock down all clients receiving Opiate Substitute Therapy (OST) (e.g. methadone) had the frequency of the supervision of their medication by pharmacies reviewed and reduced to support pressures within pharmacies. Supervision frequency was reviewed on an ongoing basis to minimise risk.

Services used a combination of telephone, online and face to face for those at high risk with appropriate safety measures in place. Where clients were asked to self isolate or shield, staff were able to deliver medication as required including naloxone and Injecting Equipment. Services were also able to offer face to face 'therapeutic' meetings e.g. walks, meeting in socially distanced public spaces which has been helpful for particularly isolated people when restrictions allowed. During 2020-21, 512 individuals started treatment with 99% starting within three weeks of referral against target of 90%.

### **Recovery Groups**

Online recovery/fellowship meetings continued throughout 2020-21 with WAWY Mutual Aid Partnerships meeting online and expanded to include impact of lockdown on recovery, drug and alcohol related discussion and wider recovery activities for example quizzes and relaxation sessions.

Serendipity maintained contact with people over the phone. Online fellowship meetings were being provided by UK Smart Recovery, UK Narcotics Anonymous and UK Alcoholics Anonymous.

### **Staff Deployment**

The number of hours for the Consultant in Addictions Psychiatry were increased.

Members of the ADP Support Team were required to support wider Public Health Team including shielding and contact tracing as well as maintaining the work of the ADP.

## **3. Ministerial Priorities**

The following is a summary of action against each ministerial priority:

### **3.1 A recovery orientated approach which reduces harms and prevents deaths**

- Following the letter from Scottish Government about the letter of comfort from Lord Advocate to expand naloxone provision into non drug services naloxone is also available from:
  - Mental Health Rehab
  - Justice Social Work

- Local children affected by parental substance use service
  - Homeless Service
- All Community Pharmacies also received an invitation to sign up to a Service Level Agreement to supply take home naloxone and emergency naloxone supply.
- In 2020-21 there were 49 first supplies of Take Home Naloxone provided across Borders. A target had been set to supply 28 first supplies of THN in the year. Borders has reached **86% of our estimated population of opiates/benzodiazepines drug users** with a first time kit.
- Scottish Drugs Forum is working alongside We Are With You Borders to implement a Peer Naloxone Supply to people at risk of, or likely to witness an overdose. This is a Drug Death Task Force funded project and an immediate response to the increasing drug related deaths in Scotland. Recruitment took place in March 2021.
- Establishment of an additional Injecting Equipment Provider.
- Development of a Non Fatal Overdose Pathway to ensure people experiencing non fatal overdose are identified and offered appropriate outreach and aftercare including referral into drug treatment service if not already engaged. Commenced May 2021.
- Development of non-fatal overdose leaflet (by Crew) to increase knowledge and awareness of signs of overdose and what to do in an emergency circulated widely.
- Skills building training in benzodiazepines for alcohol and drugs services staff.
- Funding was secured to ensure psychosocial intervention at Tier 2 level across our services with Addiction Psychology Treatment Team (APTT) providing training and coaching across all three services.
- Borders ADP leads a multi-agency Drug Death Review Group chaired by our Chief Social Work Officer/Vice Chair ADP. The 2019 Annual Report was produced and presented at the Critical Services Oversight Group (CSOG).

- Good progress is being made in Borders in relation to Medication Assisted Treatment (MAT) standards<sup>2</sup> 1-5 and BAS is participating in the MAT Sub-Group test of change. The numbers of people starting same day prescribing increased. Patient choice expanded to include Espranor and Buvidal.
- Our local Drug Trend Monitoring Group continued to meet to share intelligence regarding emerging trends of drugs/alcohol use and related harm. The mailing list is used to disseminate briefings/alerts to members.
- New national Drug & Alcohol Information System (DAISy) implemented in Borders on 1<sup>st</sup> April 2021.

### **3.2 A whole family approach**

- Despite schools being closed due to restrictions, CHIMES (Children Affected by Parental Substance Use/Family Service) was able to support children impacted by a family member's alcohol and/or drug use, young carers and parents with concerns around their drug/alcohol use. Staff moved to working from home and providing support to current caseload; parents, concerned others and children via telephone, text, email and video calls via Skype and Microsoft Teams. Door step visits were offered to families where CHIMES needed to see children to ensure safety and wellbeing.
- During 2020-21 CHIMES staff members applied for and distributed over £65,000 to families to enable practical support e.g. fuel, energy, food and broadband costs as well as activities, technology and equipment.
- WAVY and CHIMES provided one to one and group support for adult family affected by someone else's alcohol or drug use based on CRAFT (Community Reinforcement and Family training programme).
- Four training sessions were provided to early years establishments on Oh Lila Training. Oh Lila is a child friendly resource suitable for use with children aged 3 to 6 years and aims to build resilience and protective factors in young children, helping them to develop social skills and encouraging them to communicate.

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<sup>2</sup> <https://www.gov.scot/publications/medication-assisted-treatment-mat-standards-scotland-access-choice-support/>

- The ADP Strategic Lead is a member of the local Children and Young People's Leadership Group and Chair of the Commissioning Sub-group

### **3.3 A public health approach to justice**

- The Justice Social Work Service supports the delivery of ABI. The service delivers ABI as part of the Induction process for individuals subject to unpaid work, in addition to screening when undertaking Criminal Justice Court Report interviews.
- The Justice Social Work Service commissions a Drug Treatment and Testing Order service, delivered in partnership with BAS. Use of DTTO by the Court is relatively low and is currently under review.
- The service's Group Manager sits on and contributes to the Drug Death Review Group.
- The Reconnect Women's programme was able to start up with small groups after COVID-19 restrictions lifted in August 2020. The CBT based work undertaken can be accessed on either a voluntary or court mandated bases. Drug and Alcohol support services have over the year, played a part in the sharing of keep safe and other support information to women as part of the programme delivery. Reconnect also have access and can supply Take Home Naloxone as part of the extension to non drug services.
- While the use of Diversion by the Procurator Fiscal Service is relatively low, opportunities to refer individuals to drug and alcohol support services are in place. This is a useful opportunity to engage and deliver Early Effective Intervention across Youth and Adult Justice, with an aim to address problematic substance use that is impacting negatively on decision making and behaviours avoiding remittance to the Court.

### **3.4 Prevention, education and early intervention**

- During 2020-21 Borders ADP Support Team coordinated 12 online training courses with 130 participants in attendance (76 Statutory sector, 30 Voluntary sector, 24 other such as housing association and foster carers). Courses



delivered included Emerging Trends, Introduction to Foetal Alcohol Syndrome, Benzodiazapines and Managing Emotion.

- Due to COVID-19 there were no specific communications or activities relating to Count 14. However regular communication was shared on ADP website for members of the public around support that is available from drug and alcohol services as well as new facilities e.g. click and collect injecting equipment provision. Weekly service updates were provided to Scottish Drugs Forum and Scottish Borders Council during Spring-Autumn 2020.
- Scottish Borders Council Education Department were supported in development of their Policy and Procedures for Managing Substance Use in Schools and Educational Settings

#### Alcohol Brief Interventions

- A total of 1341 alcohol brief interventions were delivered across Primary Care, Antenatal and wider settings. This was against a target of 1312 (102%).

### **3.5 A reduction in the affordability, availability and attractiveness of alcohol**

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

## **4. Progress in relation to ADP Strategic Plan 2021-2023**

The ADP Strategic Plan identified the following areas for improvement:

- Lived experience involvement
- Independent Advocacy
- Pathways for people experiencing both mental health and substance use (dual diagnosis)

Below is a short update on progress:

### Lived Experience involvement in development of ADP Strategy and Delivery plan.

A new lived experience panel for individuals and family members has continued to meet and consider how to develop lived experience involvement in ADP Planning. This group is chaired by Recovery Engagement Officer within WAVY and supported by officers from Serendipity Recovery Café, Scottish Recovery Consortium and ADP Support Team. The group met on 5 occasions during 2020-21 with Terms of Reference and methods of communication agreed. Input from Scottish Recovery Consortium on A Human Rights Approach were provided. An update from the panel is a standing item on the ADP Board Meeting Agendas and we are working with the group to further develop our processes.

### Independent Advocacy

ADP provide a small amount of funding (£5,000) towards the contract for independent advocacy in Borders. Development of advocacy has been outstanding for two years and had been compounded by COVID-19 as well as:

- Pausing of review of existing adult independent advocacy contract
- Children and Young People's Leadership Group unable to progress a decision relating to children's advocacy.

Until the independent advocacy contract is reviewed, ADP has agreed to support workforce development within the current service provider and enhance their capacity.

### Pathways for people experiencing both mental health and substance use (dual diagnosis)

There are no formal protocols in place however the Borders Addiction Service is housed within NHS Borders Mental Health directorate so there is ready opportunity for liaison. This liaison is enhanced by the fact that the Consultant in Addictions Psychiatry in BAS is also a member of the Community Mental Health Team. Likewise the BAS Service Manager also has responsibility for the Mental Health Rehabilitation Service. BAS hosts a small Addictions Psychology Therapies Team. Third sector alcohol and drugs services are able to directly refer into this team. Development of more formal pathways was not progressed during COVID-19.

## Appendix One: Finance Summary

### A) Total Income from all sources

Funding Source (If a breakdown is not possible please show as a total)	£
Scottish Government funding via NHS Board baseline allocation to Integration Authority	£1,049,582
2020/21 Programme for Government Funding	£657,583
Additional funding from Integration Authority	0
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<sup>1</sup>It is not possible to disaggregate the spend on inpatient detox from overall mental health spend.

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

## **Appendix Two: ADP Support Team Representation on other committees**

### National

- Alcohol Focus Scotland Board (Director)
- DAISy Implementation Group
- Drug Death Coordinators Meeting
- National Drug Death Task Force Meetings and Multiple and Complex Needs Sub-group
- Public Health Alcohol Special Interest Group (Vice Chair)
- Scottish Government and Alcohol and Drugs Partnership Quarterly Meetings

### Local

- Adult Protection Delivery Group
- Child Protection Delivery Group
- Children and Young People's Leadership Group
- Justice Board
- Mental Health and Wellbeing Board
- Violence Against Women Partnership Executive and Delivery Group

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