Scottish Borders Health & Social Care Integration Joint Board

Meeting Date: 30 October 2019

Report By	Tim Patterson, Joint Director of Public Health
Contact	Susan Elliot, ADP Co-ordinator; Fiona Doig, Strategic Lead – ADP and Health Improvement
Telephone:	01835 825900

ALCOHOL AND DRUGS PARTNERSHIP UPDATE

Purpose of Report:	The purpose of this report is to update the Board on: 1) Drug Related Deaths 2) Progress of new commissions 3) Alcohol and Drugs Partnership (ADP) Annual Report 2018-19 4) ADP Action Plan 2019-20 5) Governance arrangements – Partnership Delivery Framework

Recommendations:	The Health & Social Care Integration Joint Board is asked to: • Note this update report

Personnel:	Staffing is provided within the agreed resource

Carers:	The SFAD Needs Assessment (see page 2) was informed by family members lived experience (including carers) and service developments will impact positively on this group.

Equalities:	*An EQIA will be carried out on the Strategic Plan required by April 2020.*

Financial:	ADP funding from Scottish Government is contingent on delivery of Ministerial Priorities. The ADP is presenting a balanced budget.

Legal:	n/a

Risk Implications:	There are no immediate risks to delivery of actions.

1 Situation

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 Director of Public Health and the Vice Chair is the Chief Social Work & Public Protection Officer /Interim Service Director Children and Young People and membership includes officers from NHS Borders, Scottish Borders Council, Police Scotland and Third Sector.

1.1 Drug deaths

Significant concern has been raised locally and nationally about the increase in drug related deaths and the ADP is keen to report on local work to reduce deaths. Scotland's drug related deaths have continued to increase and reached 1,187 in 2018, the highest number ever recorded and a 27% increase on 2017 figures. In Scottish Borders the trend overtime is increasing and reflects the national picture. Every death is a tragedy and impacts on families and friends. National Records of Scotland reported 22 drug deaths for Scottish Borders. Scottish Borders Drug Death Review Group (DDRG) examined 21 drug deaths for 2018. The remaining 1 death was outwith the remit of the DDRG.

The annual average number of deaths investigated by DDRG for the five year period 2014 – 2018 was 11.2, an increase on the 2010 – 2014 average of 6.4 deaths.

1.2 Progress of new commissions

ADP's were informed in August 2018 of additional funding for years 2018 – 2021. Locally this was an increase of £357,000 over our ring-fenced allocation of £1,049,582. The additional funding came with recommended priorities for investment. Through consultation a range of proposals were developed, agreed and commissioned following agreement by the IJB in February 2019. The IJB requested an update on commissions in due course.

The cost of these commissions is included in Table 1 below. A summary of the agreed commissions is included in Appendix 1 (p10).

Table 1: Budget for new commissions

Commission	Annual Costs
Assertive Engagement Service	242,000
Children Affected by Parental Substance Use (CAPSM) Service	58,000
Advocacy	15,000
Recovery	39,000
Families Needs Assessment*	3,000
Total	357,000

*Committed funding of £3000 is included for 2019-20 onwards. An initial cost in 2018-19 was incurred of £13,000 which provided a commission with Scottish Families Affected by Alcohol and Drugs (SFAD) to deliver a Families Needs Assessment in relation to adult family members of people with alcohol and drugs problems.

In addition the ADP had sought support to co-locate alcohol and drugs services in one building, however, a suitable building has not been identified. Thanks are given to SBC Estates and NHS Borders Capital Planning for their support in this.

1.3 Annual Report 2018-2019

The ADP is required to produce an Annual Report each year. The report has been endorsed by the ADP Board and the Chief Officer. Format of the Annual Report is based on a template issued Scottish Government and includes information relating to the financial framework and Ministerial Priorities. The full report is included as Appendix 2 (p13) and was submitted to Scottish Government on 30 September 2019.

1.4 Action Plan

The ADP has produced an Action Plan for 2019-20 based on the new alcohol and drugs strategy and the new alcohol framework[1] published in November 2018. It is also informed by updated Ministerial Priorities which were issued in August 2019. This was developed in consultation with services and approved by the ADP and is included as Appendix 3 (p23).

1.5 Partnership Delivery Framework

In July 2019 a Partnership Delivery Framework outlining governance expectations was issued by Scottish Government and COSLA to IJB Chief Officers, NHS Chief Executives, Chairs of Community Planning Partnerships and ADPs. This document reflects the changing environment in which ADP's operate since the previous memorandum of understanding. The Framework includes expectations of ADP membership and requirement to produce a local strategic plan by April 2020. The Framework document is included as Appendix 4 (p34).

2 Background

2.1 Drug Related Deaths

In early 2018 a specific group was set up in response to the increase in deaths in Borders to allow a closer look at service responses.

Actions arising from the group were as follows: review of Risk Assessments, review of potential barriers to accessing services and an audit of adult concern forms. No apparent 'missed opportunities' or areas of concern were noted at that point.

Actions to reduce drug related deaths are included within the 2019-2020 Action Plan (Appendix 3). The ADP and the DDRG have reviewed evidence for reducing drug deaths and Table 2 outlines the Borders approach to working in line with the evidence.

[1] https://www.gov.scot/publications/rights-respect-recovery/ ; https://www.gov.scot/publications/alcohol-framework-2018-preventing-harm-next-steps-changing-relationship-alcohol/

Table 2: Evidence to reduce drug deaths and related harm.

Evidence based approaches	**Borders ADP Response**
Low threshold access to opioid substitute therapies (OST) e.g. methadone	A new Assertive Engagement Service has been commissioned from April 2019 which aims to remove barriers to accessing drug and alcohol services and reduce the harms
Provision of opioid substitution treatment (OST) of optimal quality, dosage and duration	Work with Borders Addictions Service (BAS) to consider evidence on suboptimal OST prescribing and current activity
Optimise retention in treatment	Maintain engagement in adult services of 60% of population of estimated problem drug users (currently 306 individuals (60% estimated drug users) active inBorders Addiction Service
Develop protocols for active follow-up after non-fatal overdoses	A non-fatal overdose protocol is in place between BAS, SAS and BGH.
Increase overdose awareness and availability of take home naloxone to people who use opioids and their families and friends	38 first time kits were supplied in 2018-19 and 107 resupplies made. Since 2011-12, 70% of people with problem drug use have been supplied. A further target of 28 first supplies has been set for 2019-20. Two Training For Trainers events took place in 2018-19 for provision of naloxone with 7 staff attending and four festive client drop-ins offered to ensure people most at risk had access to naloxone. A Drug Related Deaths briefing sheet was given to delegates attending all ADP training events in 2018-19 (186 delegates). 7 specific overdose awareness sessions were provided to 36 staff from various agencies including Criminal Justice Social Work Team, Health Visitors, Mental Health and Young People's Service.
Tackling poverty and addressing childhood adversity	New children affected by parental substance misuse (CAPSM) link worker service commissioned from April 2019. Deliver one early years CAPSM training (Oh Lila) and evaluate impact 3 months post training Drug and alcohol services to develop trauma informed approaches by implementing actions identified from LPASS (Lead Psychologist in Addiction Services Scotland) report
Positive opportunities in education and employment	New recovery worker recruited to expand recovery opportunities across Scottish Borders. Review of alcohol, drug and tobacco education and prevention within schools and within less traditional settings (e.g. youth groups, community learning and development) and resource pack, CPD for teachers

	and parent information to be launched November 2019.
Improve access for HIV / hepatitis B / hepatitis C prevention and treatment	Drug services support delivery of the recommendations within the Hepatitis C Virus Case Finding and Access to Care report.
Data	Information continues to be collated to identify learning from the case reviews and contribute to the National Drug-related Deaths Database (NDRDD).

The ADP is awaiting updated guidance from Scottish Drugs Forum about actions to be taken to reduce Drug Related Deaths. A workshop for key stakeholders will be convened to identify any further actions that can be progressed locally.

Scottish Government has convened a Drugs Death Task Force which has as its primary role of the taskforce is to co-ordinate and drive action to improve the health outcomes for people who use drugs, reducing the risk of harm and death. The Strategic Lead – ADP and Health Improvement is representing ADP's on the Task Force.

The ADP believes it is taking a robust approach to reducing drug deaths.

2.2 Progress of new commissions

A short overview of progress is presented below. Appendix 5 (p42) provides additional information relating to the Assertive Engagement Service, CAPSM Service and Recovery Work.

2.21 Assertive Engagement Service – staffing is now in place and new approaches to accessing services are being trialled by the services including drop-in clinics where clients can attend to seek initiation of prescription or access to wider support. This has enabled rapid initiation on to opioid prescribing for those in need. An example of success is a client with a history of 'did not attends' and non fatal overdoses who managed to attend drop-in on the same day he made contact with service and start on prescription the next day.

The service has also made links with other agencies including the anti-social behaviour unit where they now participate in Core Group meetings to offer ready support and diversion from offending as required. Discussions are ongoing with Police Scotland regarding information sharing for vulnerable clients.

The ADP Support Team is providing assistance to ensure correct capture of activity and outcomes.

2.22 CAPSM Service – staffing is now in place and linked closely to Children and Families Social Work staff. The additional staffing has allowed more in depth work to be undertaken in partnership.

The service is clear on outcomes to be collected.

2.23 Advocacy - Work to update the adult independent advocacy commission is being taken forward by a working group and a new award is anticipated in 2020.

The Children and Young People's Leadership Group (CYPLG) has a small sub-group actively scoping potential role and needs of a commissioned advocacy service for children and young people. This work is due to be presented to the CYPLG in November 2019.

2.24 Recovery - Staffing is now in place and work has been undertaken with the existing recovery community and wider partners to map what is available for people in recovery. A group was convened to co-produce a plan to attend the annual Recovery Walk in Inverness. 23 people with lived experience attended. Representatives from the community will attend the ADP on 21st November 2019 to discuss how best to include people with lived experience in planning.

2.25 Families Needs Assessment – a draft report was presented to stakeholders on 1 October to test the recommendations and help operationalise arising actions. This worked included a community survey, focus groups and 1:1s with family members and services staff and a draft report was approved at the ADP in June 2019. Actions are continuing in to 2019-20 are training and development; a stakeholder event to review recommendations took place on 1 October and a community event planned in partnership with Gala Learning Community Partnership took place on 8 October. These engagement events will inform additional actions for the 2019-20 Action Plan.

2.26 Summary

The newly commissioned services are progressing within the expected timelines.

There is a plan in place to progress advocacy led by SBC (adults) and CYPLG (children and young people) respectively.

2.3 Annual Report 2018-19

The Annual Report shows the following:

- Financial framework – the report shows a balanced budget (p15)
- Ministerial priorities – the report shows positive progress across the majority of priorities, highlights are noted below:

Priority: Tackling drug and alcohol related deaths (DRD & ARD)/risks in your local ADP area. Which includes increasing the reach and coverage of the national naloxone programme for people at risk of opiate overdose, including those on release from prison and continued development of a whole population approach which targets harder to reach groups and focuses on communities where deprivation is greatest:

- Information continues to be collated to identify learning from the case reviews and contribute to the National Drug-related Deaths Database (NDRDD). Provision of Take Home Naloxone continues to be a priority for Borders ADP. 70% of estimated prevalence of people with problem drug use have received a first supply. Assertive Engagement Service commissioned from April 2019 to remove barriers to accessing drug and alcohol services and reduce the harms associated with problem alcohol and drug use.

- 96% of individuals started treatment within three weeks of referral (n=523/546) against a target of 90% nationally (p16).

- Borders ADP has supported a review of current drug, alcohol and tobacco education and prevention within primary and secondary schools with new resources based on evidence available from November 2019.

Priority: Continued implementation of improvement activity at a local level, based on the individualised recommendations within the Care Inspectorate Report, which examined local implementation of the *Quality Principles.*

- Borders ADP provided 11 free training opportunities with 186 attendees (p5).

Exceptions – Alcohol brief interventions (ABIs) (p7) were not met in 2018-19. Reinstatement of Local Enhanced Service in Primary care has been agreed and is expected to be in place imminently.

2.4 ADP Action Plan 2019-20 (Appendix 3, p23)

The Action Plan is framed around the high level outcomes areas in Rights, Respect and Recovery[1] and represents a significant amount of new work to reduce alcohol and drug related harm in Borders.

To date the ADP is progressing the plan in accordance with original timescales. In addition to the work described above the ADP would like to highlight the good practice in the plan relating to work undertaken by the Quality Principles Group to respond to the LPASS (Lead Psychologist in Addiction Services Scotland) report which included a training matrix. An audit was performed in commissioned services against the matrix and additional training developed to ensure compliance. The psychology service in BAS supports provision of coaching and practice supervision to staff in all three services for their motivational interviewing practice which is a model of good practice.

2.5 Partnership Delivery Framework (Appendix 4, p34)

The Framework sets out the partnership arrangements needed to reduce the use of and harms from alcohol and drugs and aims to ensure that all bodies involved are clear about the accountability arrangements and their responsibilities in working together.

It is expected ADP's will continue to lead on this work via a whole system approach through development of a local Partnership Delivery Framework (local framework) components of which are outlined in the Framework document.

The ADP has reviewed the Framework document and is satisfied that governance arrangements reflect requirements outlined (Appendix 6 (p46). There is a robust planning structure and the ADP has a positive relationship with the IJB.

The ADP will take forward work in order to publish a Strategic Plan to reduce use of and harms from alcohol and drugs as outlined in the Framework.

Assessment

The ADP believes it is taking a robust approach to reducing drug deaths, however, it is clear that actions to reduce preventable deaths do not sit with alcohol and drugs services alone. There is a responsibility across the wider system to ensure that people at risk or with alcohol and drug problems are identified early and supported to access help. A key component of the Assertive Engagement Service's role is to build capacity within wider

services (e.g. Police, Social Work, Housing) to ensure an appropriate response to our clients who are some of the most vulnerable in society and be aware of what the alcohol and drugs services offer.

There is a requirement to reduce stigma relating to people with alcohol and drugs problems. Recently the ADP Support Team issued information to a variety of partners including all staff in NHS Borders, key colleagues in SBC and strategic partnerships[2] about appropriate person centred language which was recommended by the Dundee Drugs Commission and includes suggestions such as using the term 'substance use' rather than 'abuse or misuse' and 'person with a dependence on....' rather than 'addict' or 'alcoholic'[3]. This mailing also included information on what services are available.

The ADP hopes that everyone involved in governance or professional roles within the partnership use language carefully.

The ADP is satisfied that commissioned services are making good progress. Significant change has happened in Borders Addiction Service and Addaction in terms of offering joint drop-ins which would not have been feasible without additional capacity, particularly when considering the significant funding reduction in BAS's core contract funding in 2017-18 (£120,000).

Social work has engaged well with the CAPSM Service, however, the intensity of the work means that is staff are currently working with young people over several months which can has resulted in a waiting list. Action for Children are actively managing their caseload alongside social work staff.

The Recovery service is building on the success of attendance at the Inverness Recovery Walk and there are high expectations that this will support further growth in our recovery community.

The Board can see that there is a significant Action Plan for this year which is led by the ADP Support Team (2.65 WTE). The Action Plan does not reflect all of the 'business as usual' work undertaken by the team. The ADP believes the Support Team performs to a high standard which is reflected in the inclusion of local staff both in the national Drug Death Task Force and also in requests to support colleagues in other areas in relation, in particular, to Licensing work.

The Partnership Delivery Framework recognises the wider role of local systems in responding to and reducing drug related harm. The ADP is considering how best to develop a strategic plan and also welcomes support from other partnerships to ensure that outcomes are shared across the system.

[2] Education weekly newsletter; Social Work; Safer Communities Team including DAAS, Homelessness Team, Violence Against Women Partnership; Community Planning Partnership

[3] www.nada.org.au/wp-content/uploads/2018/03/language_matters_-_online_-_final.pdf

Recommendations

The Health & Social Care Integration Joint Board is asked to:

- note this update report

Appendix 1: Summary of agreed commissions

Commissioning Proposal	Purpose	Outcomes	Key Performance Indicators
1. Assertive Engagement Service	To identify and support 'harder to reach' vulnerable people who are not engaged with drug and alcohol services as well as support development of alcohol pathways from hospital to community.	Improved identification of those with alcohol and drug problems Improved access and quicker engagement in drug and alcohol services. Reduced DNA rates. Improved retention in services. Reduced drug related deaths.	Quantitative • Reduced unplanned discharges • Reduced DNA rates • Increased re-engagement rates for unplanned discharges • Reduced drugs deaths Qualitative • Revised alcohol pathway • Improved engagement following in-patient stay • Service user feedback • Feedback from wider stakeholders (e.g. MARAC, ASBU Core Unit, Public Protection)
2. Children impacted by parental substance use work	To work alongside social work, adult drug and alcohol services and other relevant services to identify families earlier to reduce the risk of harm related to parental substance use.	Early identification of children and families affected by problematic alcohol and drug use. Families affected by problem drug and alcohol use receive holistic integrated support. Improved integrated approaches between adult drug and alcohol and children	Quantitative • Increased number of CAPSM and parents referred • Increased number of parenting capacity assessments completed • Reduced number of children placed on register due to

Commissioning Proposal	Purpose	Outcomes	Key Performance Indicators
		& families services. Approaches are in line with GIRFEC. Better parenting, better attachment.	parental substance use Qualitative • Service user feedback • Feedback from wider stakeholders
3. Family Support and Recovery Needs Assessment: Adult family members impacted by another's drug / alcohol use.	Carry out a needs assessment to understand support needs and strengths including how to identify, reach and engage families. Assess workforce confidence and skills around family inclusive practice. A small amount has been identified for investment in year 2 in anticipation of additional training/workforce development delivery.	Families affected by problem drug and alcohol use receive holistic integrated support. Stigma reduced for families. Increased advocacy for families.	Year 1 – completed needs assessment Years 2&3: • Increased number of family members accessing commissioned services and SFAD helplines • Increased number of family members accessing Carers Centre • Increased number of family members accessing recovery community
4. Community engagement worker	Increase availability of recovery communities across Borders and develop model to involve people with lived experience in co-production and planning of services.	Increased recovery opportunities in wider Borders. Reduced stigma due to wider visibility of recovery. Improved service design due to involvement of people with lived experience. Increased individual and community resilience. Improved social	Quantitative • Number of recovery opportunities • Number of individuals attending opportunities Qualitative • Feedback from individuals attending recovery events • Feedback from

Commissioning Proposal	Purpose	Outcomes	Key Performance Indicators
		connectedness.	ADP and contributors to planning/design of services
5. Development of advocacy services	Increase ADP contribution to reviewed contract to allow for identified hours for our services. Provide contribution to any future children and young people's provision.	Increased advocacy for people who use alcohol and drugs. Increased advocacy for families affected by another's drug and/or alcohol use. Children and young people have access to independent advocacy.	Adults: Quantitative • Number of individuals accessing independent advocacy Qualitative • Feedback from service users and providers Children: This provision will be part of a wider commission which relies on partner agencies additionally contributing. Anticipated outcomes likely to be numbers accessing and wellbeing outcomes for children.

Appendix 2 ADP Annual Report, 2018-19

ADP ANNUAL REPORT 2018-19 (SCOTTISH BORDERS)

Document Details:

ADP Reporting Requirements 2018-19

1. Financial framework

2. Ministerial priorities

3. Formal arrangements for working with local partners

Appendix 1 Feedback on this reporting template.

In submitting this completed Annual Report we are confirming that this has been signed off by both the ADP Chair and Integrated Authority Chief Officer.

The Scottish Government copy should be sent by **30 September 2019** for the attention of Amanda Adams to: alcoholanddrugdelivery@gov.scot copied to Amanda.adams@gov.scot

1. FINANCIAL FRAMEWORK - 2018-19

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)	preventing and reducing alcohol and drug use, harm and related deaths
Scottish Government funding via NHS Board baseline allocation to Integration Authority	£1,049,582 allocation
Additional funding from Integration Authority (excludes Programme for Government Funding)	£0
Funding from Local Authority	£164,945
Funding from NHS (excluding NHS Board baseline allocation from Scottish Government)	£124,459
Total Funding from other sources not detailed above	£25,000
Carry forwards	£52,000
Total (A)	**£1,415,986**

B) Total Expenditure from sources

	preventing and reducing alcohol and drug use, harm and related deaths
Prevention (include community focussed, early years, educational inputs/media, young people, licensing objectives, ABIs)	£108,924
Treatment & Recovery Support Services (include interventions focussed around treatment for alcohol and drug dependence)	£1,064,783
Dealing with consequences of problem alcohol and drug use in ADP locality	£180,962
Total (B)	**£1,363,162**

C) 2018-19 Total Underspend from all sources: (A-B)

Income (A)	Expenditure (B)	Under/Overspend
£1,415,986	**£1,363,162**	**£52,824**

D) 2018-19 End Year Balance from Scottish Government earmarked allocations (through NHS Board Baseline)

	* Income £	Expenditure £	End Year Balance £
2018-19 investment for preventing and reducing alcohol and drug use, harm and related deaths	£1,074,582	£1,021,758	£52,824
Carry-forward of Scottish Government investment from previous year (s)	£52,000	£52,000	

Note: * The income figure for Scottish Government should match the figure given in table (a), unless there is a carry forward element of Scottish Government investment from the previous year.

2. MINISTERIAL PRIORITIES

Please describe in bullet point format your local Improvement goals and measures for delivery in the following areas during 2018-19:

PRIORITY	*IMPROVEMENT GOAL 2018-19 This should include your percentage target for each priority area where applicable.	PROGRESS UPDATE Maximum of 300 words for each priority. This should include percentage of delivery against target	ADDITIONAL INFORMATION Maximum of 150 words
1. Preparing Local Systems to Comply with the new Drug & Alcohol Information System (DAISy)	All identified staff trained in DAISy and implementation plan delivered by April 2019 – not achievable due to slippage in national timescales.	Borders ADP has continued to work with services in anticipation of DAISy Continued to attend the national DAISy implementation group and regular updates have been provided to all services involved which is overseen by the local Data & Performance Group. Anonymous records have been reduced to 0%. Services continue to improve on compliance with SDMD. The number of initial assessments completed on SDMD equated to 95% of new people starting treatment recorded on Waiting Times database. This will never be exactly 100% due to separate systems and timing.	
2. Tackling drug and alcohol related deaths (DRD & ARD)/risks in your local ADP area. Which includes - Increasing the reach and coverage of the national naloxone programme for people at risk of opiate overdose, including those on release from prison and continued development of a whole population approach which targets harder to reach groups	To supply 27 first time naloxone kits for 2018/19. Short life working group to review service responses to increase in DRD incl: - review of Risk assessments - review of potential barriers to accessing serviced	38 first time naloxone kits (141%) and 107 resupplies were issued in 2018-19 2 Training for Trainers events on provision of naloxone with 7 attendeess. Four festive naloxone drop-ins provided. DRD: Annual report produced and presented at the Critical Services Oversight Group (CSOG) Short life working group carried out specific review to increased drug deaths. No apparent 'missed opportunities' or areas of concern	Take Home Naloxone has been provided to 70% of people with problem drug use. A further target of 28 first supplies to be provided within 2019-20 has been set which would

PRIORITY	*IMPROVEMENT GOAL 2018-19 This should include your percentage target for each priority area where applicable.	PROGRESS UPDATE Maximum of 300 words for each priority. This should include percentage of delivery against target	ADDITIONAL INFORMATION Maximum of 150 words
and focuses on communities where deprivation is greatest.	- audit of adult concern forms. Contribute to the review of Substance Misuse Policy in Schools. Continue to support licensing objectives by participating in the Local Licensing Forum (LLF)	were noted. Information collated to identify learning from the case reviews and contribute to the National Drug-related Deaths Database. DRD briefing sheet provided to 186 delegates attending all ADP training events 7 overdose awareness sessions provided to 36 multi-agency staff Supported Scottish Borders Council in production of consultation materials for Alcohol in Public Places Consultation Review of current drug, alcohol and tobacco prevention programme completed. Work commenced on new resource pack with support from Crew - due November 2019. Policy being updated Presentation delivered to Galashiels Learning Community to support involvement with Licensing. Training planned in September 2019 based on AFS community toolkit. Participated in research being carried out by University of Stirling on examining the impact of alcohol licensing in Scotland and England. Borders ADP continue to represent Public Health on the Local Licensing Forum and monitor any new licence applications/variations to ensure compliance with Licensing Objectives.	equate to 75% of our estimated prevalence. **Local Drug Trend Monitoring Group:** This group continues to meet to share intelligence regarding emerging trends of drugs/alcohol use and related harm. Briefings on Alprazolam and Botulism and information on reclassification of Gabapentin and Botulism have been circulated through the Drug Trend Monitoring Group.

PRIORITY	*IMPROVEMENT GOAL 2018-19 This should include your percentage target for each priority area where applicable.	PROGRESS UPDATE Maximum of 300 words for each priority. This should include percentage of delivery against target	ADDITIONAL INFORMATION Maximum of 150 words
		Press releases/Social media in relation to FASD, 'Dry January', Responsible drinking and Count 14 issued. Display stands to promote Count 14 held in hospital and council reception.	
	90% of individuals start treatment within three week of referral No one waits longer than 6 weeks to start treatment	95% of individuals started treatment within three week of referral (n=496/472). 1 client waited 6 weeks to start treatment in 2018-19.	
	100% Compliance from all services completing Drug & Alcohol Waiting Times	100% Compliance from all services completing Drug & Alcohol Waiting Times	
	1312 Alcohol Brief Interventions to be delivered with 80% in priority settings	579 individuals (44% of target) received an alcohol brief intervention with 29% delivered in priority settings and 71% in wider settings.	**ABI:** New areas of development included Health Visitors and Adult Social

PRIORITY	*IMPROVEMENT GOAL 2018-19 This should include your percentage target for each priority area where applicable.	PROGRESS UPDATE Maximum of 300 words for each priority. This should include percentage of delivery against target	ADDITIONAL INFORMATION Maximum of 150 words
			Work Teams. Reinstatement of Local Enhanced Service in Primary care currently being explored (reinstated Autumn 2019).
3. Ensuring a proactive and planned approach to responding to the needs of prisoners affected by problem drug and alcohol use and their associated through care arrangements, including women	Provide direct alcohol and drug support and guidance to women within the justice system or vulnerable and or at risk of entering the system.	Justice Service undertook enquiry with services users regarding barriers to accessing services Service users report to being aware of the availability of local services in Scottish Borders however identify that referrals are not of assistance, when they are " not ready to engage ". ADP Support Team is a member of the local Community Justice Board. Justice Service manager is a member of the Drug Death Review Group. ADP Training calendar continues to be circulated for Criminal Justice inclusion. Colleagues from Addaction engage in the Re - Connect Woman's group though inclusion on a partner workshop rota. Voluntary and Statutory Supervision delivers within an established pathway linking, prison and community based throughcare officers with alcohol and drug support services to ensure support opportunities are available to all service users	

PRIORITY	*IMPROVEMENT GOAL 2018-19 This should include your percentage target for each priority area where applicable.	PROGRESS UPDATE Maximum of 300 words for each priority. This should include percentage of delivery against target	ADDITIONAL INFORMATION Maximum of 150 words
4. Continued implementation of improvement activity at a local level, based on the individualised recommendations within the Care Inspectorate Report, which examined local implementation of the *Quality Principles.*	Continue to implement areas for improvement based on feedback from Care Inspectorate. Review of psychological interventions (LPASS report) and audit of staff in alcohol and drugs services training to be completed.	Quality assurance of decision making within case files considered as part of NHS Patient Centred Coaching Tool and reviewed in supervision. Similar approach in place in third sector. ADP are working with NHS and SBC colleagues to review current adult advocacy provision. A review of Children Affected by Parental Substance (Mis)use (CAPSM) guidelines took place and new parental screening tool circulated. New Community Engagement Service commissioned which includes Service User involvement in ADP. Families Needs Assessment commissioned – findings events in October 2019. Review of psychological interventions report and audit of staff in alcohol and drug services training in psychological therapies completed. An additional nurse in Borders Addiction Service was trained to deliver Core Skills Coaching (for CBT-based relapse prevention) and is co-facilitating a year-long run of practice development group with Addaction, for both NHS and third sector addictions staff. Clinical Psychologist providing formal consultancy slots at third sector partner agency An in-house trauma education workshop was delivered for NHS & Third sector partners in Autumn 2018. A trauma informed practice training day for wider partners was delivered	

PRIORITY	*IMPROVEMENT GOAL 2018-19 This should include your percentage target for each priority area where applicable.	PROGRESS UPDATE Maximum of 300 words for each priority. This should include percentage of delivery against target	ADDITIONAL INFORMATION Maximum of 150 words
		by Scottish Drugs Forum as part of the ADP Workforce Development Programme. The Addictions Psychological Therapies Team provide a consultancy role within development of ARBD pathway; conducting neuropsychology assessments for suspected ARBD cases. Workforce Development: 11 free training opportunities provided to the workforce between April 2018 and end March 2019. During this time there were 186 attendees (131 individuals). In addition 62 people were trained in Alcohol Brief Intervention by Borders Addiction Service staff over several sessions within NHS, Scottish Borders Council and Police Scotland.	

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

3. FORMAL ARRANGEMENT FOR WORKING WITH LOCAL PARTNERS

What is the formal arrangement within your ADP for working with local partners including Integrated Authorities to report on the delivery of local outcomes?	Quarterly Performance Reports are reviewed by the ADP Board and Executive. Annual Reports and Delivery Plans and other associated documents are formally reported via the Community Planning Committee, Integrated Joint Board, NHS Board Executive Team. The Drug Related Death Annual Report is presented to the Critical Services Oversight Group (CSOG).

In submitting this completed Investment Plan, we are confirming that this has been signed off by both the ADP Chair and Integrated Authority Chief Officer.

Appendix 3 ADP Action Plan, 2019-20

Action Plan including Ministerial Priorities 2019-20: Version (10.9.19)

1 Introduction

This plan has been produced following discussions at ADP Executive Group and ADP Board. Contributions have also been sought from the Children and Young People's Leadership Group and Community Justice Board. This action plan was originally developed in the absence of Scottish Government requesting a Delivery Plan, however, in September 2019 the Scottish Government's ADP Funding Letter outlined new ADP Ministerial Priorities and National Deliverables for 2019-20. This plan has therefore been updated to allow read across to the priorities and deliverables.

2 Structure of plan

The plan presents each of the four high level outcome areas in Rights, Respect and Recovery[4] (RR&R). Associated local actions relating to the Alcohol Framework[5] are included within the four outcome areas. There is a fifth table relating to the cross cutting work Ministerial Priority.

It should be noted that the Action Plan presents priority or new actions and does not include all ADP activity.

The four high level outcome areas are:

- Prevention and early intervention
- Developing Recovery Orientated Systems of Care
- Getting it right for children, young people and families
- Public Health Approach in Justice

In September 2019 the Scottish Government's ADP Funding Letter outlined new ADP Ministerial Priorities and National Deliverables for 2019-20 as follows:

1. A recovery orientated approach which reduces harms and prevents alcohol and drugs deaths

2. A whole family approach on alcohol and drugs

3. A public health approach to justice for alcohol and drugs

4. Education, prevention and early intervention on alcohol and drugs

5. A reduction in the attractiveness, affordability and availability of alcohol

6. Cross Cutting work

[4] https://www.gov.scot/publications/rights-respect-recovery/

[5] https://www.gov.scot/publications/alcohol-framework-2018-preventing-harm-next-steps-changing-relationship-alcohol/

It can be seen from the above list that these priority areas broadly match across the outcome areas in RR&R and so there has not been a major revision to the original plan. However, the table now includes the Ministerial Priorities and Deliverables.

Each outcome area is presented in a table containing:

- Outcomes described in RR&R
- Linked Ministerial Priority(ies)
- Targets based on ADP Core Outcome Areas (data baseline and source are included in Appendix 1 of this action plan (p33)
- National deliverables and linked actions
- Local actions for 2019-20 and associated milestone and lead agency(ies)

There is a shorter section at the end relating to the cross cutting work.

There are a small number of local actions which were included in the original plan but which do not directly correspond to the national deliverables, however, they are agreed actions appropriate in response to RR&R and therefore continue to be included.

Outcome Area 1: Prevention and early intervention

Ministerial Priority: Education, prevention and early intervention on alcohol and drugs

Ministerial Priority: A reduction in the attractiveness, affordability and availability of alcohol

1.1 Outcomes
1.11 Fewer people develop problem alcohol and drug use 1.12 Increased knowledge and awareness of drugs and alcohol issues including harmful effects 1.13 Increased skills to make positive choices around healthy lifestyles 1.14 Prevent and reduce the harm caused in pregnancy
1.2 Targets
1.21 Deliver 1312 alcohol brief interventions across Scottish Borders (80% priority settings, 20% wider settings) 1.22 Reduce prevalence of individuals over 16 yrs exceeding low risk guidelines by 5% by end 2020-21 to 19% 1.23 Reduce the percentage of 15 yr olds drinking on a regular basis by 10% by end 2020-21 to 12.6% 1.24 Reduce rate of 3 years aggregated alcohol related hospital stays per 100,000, aged 11-25 years by 10% by end 2020-21 to 275 1.25 Reduce rate of 3 years aggregated drug related hospital stays per 100,000, aged 11-25 years by 10% by end 2020-21 to 109

1.3 National Deliverables	**Related Actions/comment**
1.31 Develop plans to address stigma surrounding alcohol and drugs, including: Ensure the appropriate use of language to address stigma; Identify and improve capacity for advocacy; Ensure those in leadership roles and integral to the ADP strategy engage within people with lived living experience of using services.	1.41, 1.42, 1.43,
1.32 Engage with Licensing Forums, local partners and Licensing Boards to address overprovision and control the availability of alcohol, in line with the licensing objectives, including the public health objective.	1.44, 1.45, 1.46

1.4 Actions		
Action	**Milestone 2019-20**	**Lead**
1.41 Develop engagement plan with Area Partnerships around reduction in stigma, alcohol and drugs, and links to wider Health Improvement	Tbc	ADPST/JHIT
1.42 Develop anti-stigma work and support human rights messages	Review actions in	ADPST

- deliver one SDF Stigma course (6.9.19) - ensure all communications via Area Partnership include mention of stigma and human rights - respond to actions arising from the SFAD needs assessment	November 2019	
1.43 Complete and support re-commission of independent advocacy contract. Confirm updated contract will include dedicated time for alcohol and drug clients	New commission in place September 2020	SBC
1.44 Support to Local Licensing Forum and production of alcohol profile for 2017-18	Profile produced by October 2019	ADP Support Team (ADPST)
1.45 Increase community involvement in licensing: Contribute to SBC Alcohol and Public Places Consultation via Area Partnerships and raising at relevant multi-agency groups	Recommendation to Council by Dec 2019	ADPST
1.46 Increase community involvement in licensing: Support Galashiels Learning Community Partnership (Gala LCP) action plan relating to alcohol including SFAD community event	Event planned October 2019	ADPST/Gala LCP)
1.47 Review alcohol, drug and tobacco education and prevention within schools and within less traditional settings (e.g. youth groups, community learning and development) and produce a resource pack, CPD for teachers and parent information	Pilot pack from August 2019 and launch Nov 2019	Education
1.48 Increase awareness of the risks, increased awareness of, and improved diagnosis and support for Foetal Alcohol Spectrum Disorder based on SIGN guidance - CAMHS FASD working in partnership to develop diagnostic pathway - deliver two FASD training sessions (21 & 22.8.19) - deliver ABI and FASD refresher session for community midwives (16.6.19)	Diagnostic pathway in place by March 2020	CAMHS ADPST
1.49 Provide an accessible programme of workforce development/training to meet identified needs in partnership with Action for Children/Addaction/Borders Addiction Service/Child Protection	Programme available by May 2019 (achieved)	ADPST
1.50 Explore reinstating ABI LES within Primary Care, support increase in ABI delivery within adult health and social care teams and continue to deliver within other priority and wider settings	Attend LNC in June 2019	ADPST/PACS

Outcome area 2 Developing Recovery Orientated Systems of Care
Ministerial Priority: A recovery orientated approach which reduces harms and prevents alcohol and drugs deaths

2.1 Outcomes
2.11 People in need will have good access to treatment and recovery services, particularly those at most risk 2.12 Improved retention in effective high quality treatment and recovery services 2.13 Improve access to key interventions which will reduce harm, specifically focussing on those who inject drugs 2.14 Reduction in drug-related deaths 2.15 Reduction in drug-related general hospital admissions 2.16 Reduction in drug-related psychiatric hospital admissions
2.2 Targets
2.21 95% of clients wait no longer than 3 weeks for treatment (ongoing) 2.22 Ensure no one waits longer than 6 weeks for treatment (ongoing) 2.23 Reduce rate of alcohol related hospital stays per 100,000 by 10% by end 2020-2021 to 406 2.24 Reduce rate of 3 years aggregated drug related hospital stays per 100,000 by 10% by end 2020-21 to 68 2.25 Reduce the rate of 5 year aggregated alcohol-related mortality by 10% by end 2020-21 to 11 2.26 Reduce the 5 year rolling average of drug related deaths investigated by Borders Drug Death Review Group by 20% by end 2020-21 to 9 2.27 Maintain engagement in adult services to 60% of population of estimated problem drug users: 306 (60% of 510)

2.3 National Deliverables	**Related Actions/comment**
2.31 Update and implement plans to reduce alcohol and drug deaths local and national public health surveillance and evidence of best practice including the Staying Alive in Scotland and the Dying for a Drink reports	2.41, 2.42, 2.43, 2.44, 2.45, 2.46, 2.47
2.32 Continue to improve access to naloxone in the community and on release from custodial and hospital settings	2.48
2.33 Establish protocols between mental health and alcohol and drug services to support access and outcomes for people who experience mental health and alcohol and drug problems	2.49, 2.50
2.34 Services are delivered in line with the Quality Principles: Standard Expectations of Care and Support in Drug and Alcohol Services, including clear plans to respond to the individualised recommendations within the Care Inspectorate Reports, which examined the local implementation of these Principles	Ongoing - led by Quality Principles Group
2.35 Ensure mechanisms are in place for people with lived and living experience of addiction/recovery and of	2.51

participating in services to be involved in delivering, planning and developing services		
2.36 Continued delivery against the HEAT Waiting Times Standard.		Ongoing
2.37 Implementation of DAISy before the end of 2019 in line with national DAISy implementation plans		Ongoing
2.4 Actions		
Action	**Milestone 2019-20**	**Lead**
2.41 Complete recruitment to Assertive Engagement Service including relevant communications with partners and stakeholders and identify key performance indicators.	Service implemented by July 2019, KPI's available from September	Addaction/Borders Addiction Service (BAS)
2.42 Complete recruitment to Recovery Worker post and develop new opportunities for recovery in areas other than Galashiels	Service implemented by July 2019, KPI's available from September	Addaction
2.43 Drug services support delivery of the recommendations within the Hepatitis C virus Case Finding and Access to Care report	Action plan in place by August 2019	BBV MCN
2.44 Implement 'Assessment of Injecting Risk' tool in Addaction	September 2019	Addaction
2.45 Continue provision of Injecting Equipment Provision with annual monitoring and review visit	Review visits for 2019 completed by June (complete)	ADPST/Pharmacy/ Addaction
2.46 Work with BAS to consider evidence on suboptimal OST prescribing and current activity	Timescale tbc	ADPST/BAS/ Pharmacy
2.47 Complete assessment of strengths and weakness in delivering key harm reduction initiatives to those most at risk ***need more info from Scottish Government on how this is envisioned***	**Tbc**	SG/ADPST
2.48 Continue provision of Take Home Naloxone Programme	Issue 27 first time kits in 2019-20	BAS/Addaction/ Pharmacy/ ED
2.49 Work with mental health, assertive engagement team to deliver on improved pathways for people with co-morbidity	Initial scoping paper to Mental Health Governance October 2019	Mental health services/Assertive Engagement Team
2.50 Drug and alcohol services develop trauma informed approaches by implementing actions from LPASS (Lead Psychologist in Addiction Services Scotland) report	Action plan in place by August 2019	Quality Principles Group*

2.51 Develop process for people with lived and living experience to be involved in service design, development and delivery	Process in place by March 2020	Addaction/ADPST

*Quality Principles Group membership: ADPST, Addaction, BAS, Action for Children, Scottish Drugs Forum

Outcome Area 3 Getting it right for children, young people and families

3.1 Outcome		
3.11 Children and families affected by alcohol and drug use will be safe, healthy, included and supported in their own right and where appropriate will be included in their loved ones treatment and support		
3.2 Targets		
tbc		
3.3 National Deliverables		**Related Actions/comment**
3.31 Improve understanding of the experience of family members whose loved one is in treatment / uses alcohol and/ or drugs problematically in preparation for national work on defining the principles of family inclusive practice		3.41, 3.43
3.32 Map existing investment in and scope of family support services used by people with alcohol and drug problems in preparation for the development of a whole families approach		3.41, 3.43
3.4 Actions	**Milestone 2019-20**	**Lead**
3.41 Complete Families Needs Assessment (SFAD) and develop an action plan in response to findings which includes: • Online survey and interviews (April 2019) • Community event through Gala – LCP (July 2019) • Staff and partner training (May –June 2019)	Complete needs assessment and deliver training by June 2019 Develop action plan by November 2019	SFAD ADPST
3.42 Involve children, parents and other family members in the planning, development and delivery of services	TBC following discussion at CYPLG	TBC
3.43 Complete recruitment and implement Link Worker service including relevant communications with partners and stakeholders	Service implemented by July 2019, KPI's available from September.	Action for Children
3.44 Deliver one early years training (Oh Lila) and evaluate impact 3 months post training	August 2019	SBC Early Years/ADPST

Outcome Area 4 Public Health Approach in Justice
Ministerial Priority a Public Health approach to justice

4.1 Outcome		
4.1 Vulnerable people are diverted from the justice system wherever possible and those within justice settings are fully supported		
4.2 Targets		
TBC via Community Justice Board		
4.3 National Deliverables		**Related Actions/comment**
4.31 Identify the investment, outcomes and outputs delivered by alcohol and drug services which act as a diversion measure from justice including those services which work with people: - as a condition of sentence - in prison - leaving prison / voluntary throughcare		4.31, 4.32, 4.33
4.32 Develop improvement plans as needed		As required
4.4 Actions	**Milestone 2019-20**	**Lead**
4.41 Support development of health improvement post in Justice setting	*Under discussion*	Justice Services/JHIT
4.42 Assist women whose behaviour is affected by drugs and or alcohol to remain outwith the Court system through partnership delivery of the new Arrest Referral Service. The service is aimed at engaging with women on a voluntary basis, who come into contact with community police services at the earliest opportunity.	Performance Indicators and quality assurance measures to be developed and implemented. KPI returns to be available from July 2019 onward.	Justice Service
4.43 Develop robust health and wellbeing diversion opportunities that will be offered to the Procurator Fiscal for consideration.	Criminal Justice Officer to be recruited, June 2019 to support development, including strengthening links with drug and alcohol support services. Increased KPI returns to be available from Autumn 2019.	Justice Service

5 Ministerial Priority Cross cutting work

5.1 National Deliverables		**Related Actions/comment**
5.11 Implement the Partnership Delivery Framework to Reduce the Use of and Harm from Alcohol and Drugs		5.21, 5.22
5.2 Actions	**Milestone 2019-20**	**Lead**
5.21 Discuss governance with Integrated Joint Board	October IJB meeting	ADP Chair
5.22 Confirm timetable and implement development of Strategic Plan	Plan in place by April 2020	ADP Exec Group

Appendix to ADP Action Plan - Data Baseline and Sources

Target	Baseline (most recent data)
Outcome Area 1	
1.21 Deliver 1312 alcohol brief interventions across Scottish Borders (90% priority settings/10% wider settings) *(Source: ADP Performance Report)*	579 (2017-18)
1.22 Reduce prevalence of individuals over 16 exceeding low risk guidelines by 5% by end 2020-21 to 19 *(Source: Scottish Health Survey)*	21%
1.23 Reduce the percentage of 15 yr olds drinking on a regular basis by 10% by end 2020-21 to 12.6% *(Source: SALSUS 2019 data expected Winter 2019)*	14% (2013)
1.24 Reduce rate of 3 years aggregated alcohol related hospital stays per 100,000, aged 11-25 years by 10% by end 2020-21 to 275 *(Source: ScotPHO profiles)*[6]	306
1.25 Reduce rate of 3 years aggregated drug related hospital stays per 100,000, aged 11-25 years by 10% by end 2020-21 to 109 *(Source: ScotPHO profiles)*	121 (2014-17)
Outcome Area 2	
2.21 95% of clients wait no longer than 3 weeks for treatment (ongoing) *(Source: ISD – Drug and Alcohol Waiting Times Database)*	96% (2018-19) (470 of 492 referals)
2.22 Ensure no one waits longer than 6 weeks for treatment (ongoing) *(Source: ISD – Drug and Alcohol Waiting Times Database)*	0 (2018-19)
2.23 Reduce rate of alcohol related hospital stays per 100,000 by 10% by end 2020-2021 to 406 *(Source: ScotPHO profiles)*	412 (2016-17)
2.24 Reduce rate of 3 years aggregated drug related hospital stays per 100,000 by 10% by end 2020-21 to 68 *(Source: ScotPHO profiles)*	75 (2013/2014-2016-17)
2.25 Reduce the rate of 5 year aggregated alcohol-related mortality by 10% by end 2020-21 to 11 *(Source: ScotPHO profiles)*	12 (2013-2017)
2.26 Reduce the 5 year rolling average of drug related deaths investigated by Borders Drug Death Review Group by 20% by end 2020-21to 9 *(Source: Borders Drug Related Deaths Review Group)*	11.2 (2014-18)
2.27 Maintain engagement in adult service at 60% of population of estimated problem drug users[7] to 306 (60% of 510) *(Source: ISD – Drug and Alcohol Waiting Times Database – BAS clients only therefore assume some underreporting)*	31/3/2019 BAS Active Drug Clients = 307

[6] ScotPHO profiles available at: https://scotland.shinyapps.io/ScotPHO_profiles_tool/

[7] * Problem drug use is defined as the problematic use of opioids (including illicit and prescribed methadone use) and/or the illicit use of benzodiazepines, and implies routine and prolonged use as opposed to recreational and occasional drug use.

Appendix 4 Partnership Delivery Framework

PARTNERSHIP DELIVERY FRAMEWORK TO REDUCE THE USE OF AND HARM FROM ALCOHOL AND DRUGS

Introduction

1. This document sets out the partnership arrangements needed to reduce the use of and harms from alcohol and drugs. It aims to ensure that all bodies involved are clear about the accountability arrangements and their responsibilities when working together in the identification, pursuit and achievement of agreed, shared outcomes.

2. The new framework is designed to be consistent with, and to build directly upon:
   - The Scottish Government's Purpose and National Performance Framework[8];
   - The high-level commitment between Ministers and CoSLA to work together in partnership;
   - The established performance management arrangements between the Scottish Government and NHS Boards;
   - Statutory duties for community planning, built around a purpose that local public services work together and with community bodies to improve outcomes and tackle inequalities;
   - The Public Health Reform Programme, jointly led by Scottish Government and CoSLA, which aims to reduce health inequalities and improve life expectancy across the Scottish population. This includes the Public Health Priority: Reduce the use of and harm from alcohol and drugs;

   and
   - Scotland's alcohol and drug strategy, Rights Respect Recovery and the Alcohol Framework 2018;

3. This Partnership Delivery Framework replaces three previously agreed memoranda of understanding (MoU) between the Scottish Government and CoSLA:
   - A New Framework for Local Partnerships for Alcohol and Drugs (2009)
   - Supporting the Development of Scotland's Alcohol and Drug Workforce (2010)
   - Updated Guidance for Alcohol and Drug Partnerships on Planning and Reporting Arrangements 2015-18 (2014)

4. The Scottish Government and CoSLA undertake, and invite community planning partners, to operate within the terms of this framework.

Context

[8] https://nationalperformance.gov.scot/

5. Much has been achieved to prevent and reduce the harms experienced by individuals, families and communities and support people in their recovery. However Scotland continues to experience significantly higher levels of harm and health inequalities than other parts of the UK and Europe. This is recognised in the Public Health Reform Programme which identified 'Priority 4: A Scotland where we reduce the use of and harm from alcohol, tobacco and other drugs', as one of the key Public Health Priorities for the country over the next decade[9]. Public Health Reform recognises that this will require a focus on prevention and reducing inequalities and is best delivered by adopting a whole system approach[10].

6. In 2018 the Scottish Government published two strategic documents to address alcohol and drug harms:
   - Rights, Respect and Recovery[11]; and
   - The Alcohol Framework 2018[12]

   These documents set out a series of outcomes and priority actions for Scotland, supporting the delivery of the Public Health Priorities. This is summarised in the table below:

Vision Scotland is a country where "we live long, healthy and active lives regardless of where we come from" and where individuals, families and communities: • have the right to health and life - free from the harms of alcohol and drugs; • are treated with dignity and respect; and • are fully supported within communities to find their own type of recovery.				
Prevention and Early Intervention	**Developing Recovery Oriented Systems of Care**	**Getting it Right for Children, Young People, and Families**	**Public Health Approach in Justice**	**Alcohol Framework 2018**
Fewer people develop problem drug use	People access and benefit from effective, integrated Person centred support to achieve their recovery	Children and families affected by alcohol and drug use will be safe, healthy, included and supported	Vulnerable people are diverted from the justice system wherever possible, and those in the system are fully supported	A Scotland where less harm is caused by alcohol

   Rights, Respect and Recovery sets out the context for a Human Rights based approach. This requires 'rights bearers' and 'duty holders' work together to ensure that people's human rights are recognised and met. In the context of this strategy this means that people with experience of problem alcohol and drug use as well as those who are affected need to work with those involved in the planning, development and delivery of services to deliver shared outcomes.

7. The Audit Scotland Report, Alcohol and Drug Services – An update[13] identifies six areas where progress will help the successful implementation of the strategy:

[9] https://www2.gov.scot/Resource/0053/00536757.pdf
[10] https://publichealthreform.scot/media/1520/phob-enabling-the-whole-system-to-deliver-the-public-health-priorities-paper-22.pdf
[11] https://www.gov.scot/publications/rights-respect-recovery/
[12] https://www.gov.scot/publications/alcohol-framework-2018-preventing-harm-next-steps-changing-relationship-alcohol/
[13] https://www.audit-scotland.gov.uk/uploads/docs/report/2019/briefing_190521_drugs_alcohol.pdf

- Effective performance monitoring
- Clear actions and timescales
- Clear costings
- Spending and outcomes linked
- Public performance reporting
- Evaluating harm reduction programmes

The Partnership Delivery Framework

8. Alcohol and Drug Partnerships (ADPs) will continue to lead the development and delivery of a local comprehensive and evidence based strategy to deliver local outcomes. This should be achieved through applying a whole system approach to deliver sustainable change for the health and wellbeing of local populations.

9. Since 2009 the local delivery landscape has changed significantly. This includes the introduction of Community Justice Partnerships to replace Community Justice Authorities, and Integration Authorities have been created as a new public body to oversee the integration of health and social care services, including adult alcohol and drug services. The statutory requirements of key local partnerships and organisations in relation to strategic planning and annual reporting are summarised in Appendix 1.

<u>Key features</u>

10. The partnership delivery framework should include the following key features:

- A clear and collective understanding of the local system in particular its impact, how it is experienced by local communities, and how effectively it ensures human rights are met.
- Informed by the above, a locally agreed strategic plan, which sets out the long term measureable outcomes and priority actions for the local area, focussing on preventing and reducing the use of and harm from alcohol and drug use and the associated health inequalities.
- People with experience of problem alcohol/drug use and those affected are involved in the planning, development and delivery of services. This will require a shared understanding of the roles of duty holders and duty bearers in the context of a human rights based approach.
- A quality improvement approach to service planning and delivery is in place.
- Clear governance and oversight arrangements are in place which enable timely and effective decision making about service planning and delivery; and enable accountability to local communities.
- A recognition of the role played by the third sector and arrangements which ensure their involvement in the planning, development and delivery of services alongside their public sector partners.

<u>Strategic planning</u>

11. Each ADP should publish agreed, measureable outcomes and priority actions to reduce the use of and harms from alcohol and drugs within a strategic plan. ADPs should use the outcomes and priority actions set out in Rights, Respect and Recovery and the Alcohol Framework 2018, as well as the associated monitoring and evaluation plans, to support the development of their local strategy.

12. Through the development and delivery of the local strategy the ADP should identify where there are shared outcomes and priorities with other local strategic partnerships. In these cases they should develop shared arrangements to support delivery. As a result minimum agreement to the strategic plan and arrangements for delivering should to come from:

    - Community Justice Partnership
    - Children's Partnership
    - Integration Authority;

    The relevant statutory requirements for the local strategic plans and reporting arrangements are set out in Appendix 1.

13. Community planning requires local public sector bodies to work together with community bodies, to improve outcomes on themes they determine are local priorities for collective action. Where reducing the use of and harms from alcohol and drugs feature in these priorities, local Community Planning partners should consider how co-operation with Alcohol and Drug Partnerships can support delivery.

14. The identification of priorities and delivery of strategic plans should be underpinned by needs assessment and action plans.

<u>Financial arrangements</u>

15. Public money must be used to maximum benefit to deliver outcomes for the local population. Investment in the delivery of outcomes will come from a range of sources, including the Local Authority, Health Board and the Integration Authority, as well as outside of the public sector. Effective and transparent governance arrangements must be in place to invest in partnership to deliver the shared outcomes and priority actions in the strategy. Financial arrangements should enable the ADP to:
    - Establish a shared understanding of the total investment of resources in prevention of harm and reducing inequalities from alcohol and drugs across the local system.
    - Make effective decisions to invest in the delivery of these outcomes.
    - Ensure there is scrutiny over investments in third sector and public sector to deliver outcomes.
    - Report to local governance structures on investment
    - Report to the Scottish Government on specific alcohol and drug funding allocated to Health Boards for onward delegation to Integration authorities; and in line with financial reporting arrangements agreed with Integration Authorities.

Quality improvement

16. The Scottish Government will work with local areas to develop an approach to quality improvement based on self-assessment and peer review. This approach will cover the breadth of Rights, Respect and Recovery, the Alcohol Framework 2018; it will apply to governance, investment plans, strategic planning and service delivery. These improvement arrangements need to complement the existing inspection frameworks applied to local areas.

17. The monitoring and evaluation plans for Rights, Respect and Recovery and the Alcohol Framework 2018 will enable the Scottish Government to identify progress in delivering the strategy as well as impact. The plans will identify national performance benchmarks which will identify progress at both the national and local level. This will be published on a regular basis and will inform the focus for quality improvement work.

Governance and oversight

18. Governance and oversight arrangements for the delivery of the strategic plan and the investment of resources needs to be consistent with local governance arrangements to meet other relevant local outcomes. In practice this means that the following members of the ADP will need to ensure that effective oversight arrangements are in place to deliver the local strategy:
    - The Local Authority
    - Police Scotland
    - NHS Board
    - Integration Authority
    - Scottish Prison Service (where there is a prison within the geographical area)
    - The third sector
    - Community members

The relationship between the ADP and the Integration Authority

19. Alcohol and drug services are included within the Integration Authority scheme of delegation, alongside other adult health and social care services. Governance and oversight arrangements are needed which ensure that the directions issued by the Integration Authority to the NHS and Local Authority support the delivery of outcomes identified in the local strategic plan. Commissioning and Planning Guidance for Integration Authorities[14] sets out the required membership of the Strategic Planning Groups in this context.

20. ADPs will need to provide relevant performance and financial reporting to enable support the development of the Integration Authority's Annual Performance Report.

[14] https://www.gov.scot/publications/strategic-commissioning-plans-guidance/pages/9/

21. Healthcare services for people in prison are also included within Integration Authority scheme of delegation. Local strategic plans will need to include plans to improve outcomes for people in prisons sited within the local area; this includes considerations about the means by which people entering and leaving prison are able to access the right support.

Statutory requirements in relation to strategic planning and annual reporting

The table below summaries the statutory requirements in relation to local partnership strategic plans:

Strategic planning document	Responsible body	Legislative framework
Health and Social Care Strategic Plan	Integration Authority	Public Bodies (Joint Working) (Scotland) Act 2014
Health and Social Care Annual Performance Report	Integration Authority	Public Bodies (Joint Working) (Scotland) Act 2014
Children's Services Plan	Local Authority and Health Board	Children and Young People (Scotland) Act 2014
Community Justice Outcomes Improvement Plan	Community Justice Partners[15]	The Community Justice (Scotland) Act 2016
Locality Plan	Community Planning Partners[16]	Community Empowerment (Scotland) Act 2015 [Note: Duties apply to locally identified priorities. Only applies to alcohol or drugs where the CPP agrees that these or related issues are one of the priorities for the locality]
Local Outcome Improvement Plan	Community Planning Partners[17]	Community Empowerment (Scotland) Act 2015 [Note: Duties apply to locally identified priorities. Only applies to alcohol or drugs where the CPP agrees that these or related issues are one of the priorities for its area]
Police Scotland Local Policing Plans	Divisional Commanders	Police and Fire Reform (Scotland) Act 2012

Licensing Boards

Licensing Boards are made up of locally elected councillors and are distinct from local authorities, they have responsibilities in relation to the local administration of alcohol (and gambling) and are obliged to publish a licensing policy statement and annual report under the Licensing (Scotland) Act 2005 and Gambling Act 2005, as amended.

[15] http://www.legislation.gov.uk/asp/2016/10/section/13/enacted
[16] http://www.legislation.gov.uk/asp/2015/6/schedule/1/enacted
[17] http://www.legislation.gov.uk/asp/2015/6/schedule/1/enacted

Appendix 5 Progress report relating to new commissions

5.1 Assertive Engagement Service – Borders Addictions Service and Addaction

Key achievements to date (mid September 2019)

Recruitment

- X1 Band 6 nurse now in post (2 weeks)
- X1 Band 6 nurse in post (core BAS to support with Capacity)
- X2 Addaction worker in post

There is a weekly meeting with manager of BAS and Addaction with assertive engagement staff to commence planning for future service delivery. This includes systems, processes and referral pathway. Early preparation is ongoing of a review of all open cases to the service to identify key individuals who would be deemed "harder to reach" in order to initially take a targeted approach.

This has led to the transition of caseloads regarding x1 band 6 nurse in BAS and 1 worker in Addaction to take these patients in preparation for assertive engagement work. In Addaction conversations are in progress across the team to identify those with multiple treatment episodes, identifying barriers to accessing treatment, highlighting 'high end' clients not in structured treatment.

With the x1 band 6 core nurse this has allowed capacity to pilot a weekly drop in service within Hume Galashiels, offering access to a support worker, Addaction, BAS worker, Medical staff. If proves successful will also expand and have access to sexual health service and psychology.

It has allowed an additional drop in session with the Addaction service specifically targeting opiate dependant users to enable quicker access to prescribing and also targeting patients who use their injection equipment provision, This commenced in September 2019.

Drop-ins across both Addaction and BAS have been implemented to offer harm reduction, access to prescribing, naloxone, BBV testing and IEP supply with Assertive Engagement Team becoming involved in targeting those identified as 'hard to reach' to support follow up.

Performance against KPI's and outcomes

- No update as too early in process of service provision, however, meetings held with ADP Support Team to develop Evaluation Plan

Any barriers to progress

- No update or identified barriers at present other than delay to recruitment of second Addaction worker

Plans for next quarter

- Confirm referral document and systems for recording and progressing evaluation plan
- Increased focus on KPIs and outcomes
- All the identified "hard to reach" patients within the assertive engagement team's caseload

- Focussed target on the 40% of patients who don't opt in or DNA on their first appointment
- Closer working with police and Scottish ambulance service to support and enhance surveillance on the high risk non fatal drug overdoses and create robust referral pathways
- Review the role of substance use nurse and the links required for the assertive engagement team – Role - non fatal overdoses, follow up when discharged from acute hospital
- Establishing links to other services coming into contact with client group

5.2 Community Engagement Service – Addaction

Key achievements to date

Recruitment

- X1 Engagement Worker in post since April

i) Recovery work:

Recovery walk, Inverness September 2019:
The recovery walk is an event that has the potential to galvanise the recovery community and kick-start other recovery activities. The trip to Inverness is co produced by people in recovery, Serendipity, services and planners, supported by Scottish Recovery Consortium. A planning group was convened and also met with Serendipity Recovery Cafe and the MAP (Mutual Aid Partnership) group in Hawick. The group meets weekly and has planned transport, accommodation, catering and raised external funds.
Following the walk a 'reflection' event will take place which will help develop future work.
Hawick: Initial meeting held to develop a community asset map. Partnership with BAS and volunteers
Eyemouth: initial meeting held to bring together people with lived experience to develop recovery opportunities. Working in partnership with BAS who are developing a Recovery Hub pilot in Eyemouth.
Gala: planning to support Scottish Families Affected by Alcohol and Drugs community event in October with the Learning Community Partnership (LCP).
Links made with other key stakeholders including LCP's in Hawick and Eyemouth and the Wellbeing College.

ii) Lived experience involvement

Discussions taking place with Scottish Recovery Consortium and Scottish Drugs Forum about a potential model of involvement. Some individuals identified to participate. This work will be prioritised following the Reflective session.

Performance against KPI's and outcomes

- New opportunities for recovery are being developed. Over 20 individuals engaged with Recovery Walk Planning

Any barriers to progress

- The role aims to work closely with Serendipity Recovery Cafe. Serendipity is recovery community led and has been operating independently for several years. The community engagement role must therefore ensure a mutually supportive relationship with Serendipity without undermining the significant achievements. The co-production of the Recovery Walk will support this

Plans for next quarter

- Reflection event
- Support SFAD event in Gala
- Develop action plans for Hawick and Eyemouth
- Develop plans for Lived Experience involvement

5.3 Scottish Borders CHIMES Service, Action for Children

Key achievements

- 2 P/T staff working 25 hours each in post from 1st April 2019
- Staff have visited and updated; Social Work teams, Early Years Centres and attending occasional drop-ins at the Early years centres and bring along resources (alcohol and substance information) for themes such as 'keeping well in the winter'.
- Good interagency working with SW; joint visits have taken place to families not agreeable to SW involvement. Staff also being asked by SW to visit parents and get an update when new concerns re substance use have arisen.
- High levels of engagement with parents and children - 90% received a home visit, initial assessment and 6 sessions.
- The service has contributed to 3 parental capacity assessments.
- Whole family approach – staff feel work is more focused and more transparent due to involving all family members. Family members say that due to feeling supported (in their own right) they feel validated and this is encouraging them to keep going.
- Whole family approach – staff are being involved in family conflict resolution work. There is an acknowledgement that working with the whole family can be very difficult and can result in the opening up of years of strongly held feelings about things that have been hidden and not talked about for a long time.
- Staff are clear about the need to stick to their remit as they are often asked to complete work out with their remit, e.g. parenting work

Performance against KPIs and Outcomes

- Staff have worked with 21 parents, 32 CAPSM and 3 concerned others from 1st April to 31st Aug 2019.
- Outcomes have been achieved /met for 60% cases
- Level of risk in regard to child neglect has reduced for 60% of families.
- Level of risk of taking substances has reduced for 60% of parents.
- 80% of parents moving on from the service are engaging with APTT or employability worker at Addaction.
- Through our work one CAPSM young person placed on VYP register due to risk taking behaviour.

Barriers to progress

- Influx of referrals for months June and July and time taken to prioritise and assess need.
- High number of Child Protection cases causing cases to be held longer term work as they are labour intensive and time consuming due to number of meetings scheduled and the expectation that staff attend all meetings. Staff will always submit a report if not available to attend meetings.
- We have had to start a 'Waiting List' due to number of referrals and work not yet completed with current cases.

Plans for Next Quarter

- Reduce waiting list.

- Close cases where no/little contact.
- If capacity allows, continue with visits to pastoral staff in High Schools who have requested an update.

Appendix 6 ADP Governance Arrangements

Borders Alcohol & Drugs Partnership (ADP)

Governance Paper

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1. Situation:

There has been a need to clarify local governance and financial decision-making arrangements for the Borders Alcohol and Drugs Partnership to align with the new Health and Social Care Partnership arrangements.

2. Background:

A review in 2009 resulted in the formation of dedicated Alcohol and Drugs Partnerships in each local authority area. These new partnerships, firmly embedded within wider arrangements for community planning, were to have a much broader span of interest than the narrower remit of the previous Alcohol and Drug Action Teams. recognising that alcohol and drug issues cut across not only the conventionally defined “Health” stream of community planning but also those relating to the economy and community safety

The governance and accountability arrangements for these partnerships were to be consistent with existing accountability arrangements between the Scottish Government and local partners - chiefly, SOAs between Government and Community Planning Partnerships (CPP); and the NHS performance management arrangements.

A previous version of this paper was agreed at the CHCP in 2012.

The emerging structures supporting the Health and Social Care Partnership requires the ADP to update its governance arrangements. The Scheme of Integration includes the ADP budget therefore there will be a line of reporting to the Integrated Joint Board. This will include performance and finance reporting.

The Scottish Government funding allocation is explicit that the ADP is accountable to the CPP. The ADP submits annual reports to the CPP however there is potential to increase the visibility of the ADP and develop a greater understanding of its role and contribution.

3 Draft Governance Structure

Figure 1 (overleaf) outlines a high level draft governance structure. The ADP covers a wide range of work including prevention and intervention, treatment and support across all age-groups and a range of settings. It is not possible to discretely break down the entirety of the breadth of work across the different governance bodies as there will be cross-cutting interest and relevance across all, however, it is possible to present the key priority areas directly related to each body. These priority areas are presented in Table 1 (overleaf).

Appendix1 (p43) and 2 (p46) of this report present the ADP Constitution and Financial Framework.

Figure 1: Draft Reporting Arrangements for ADP

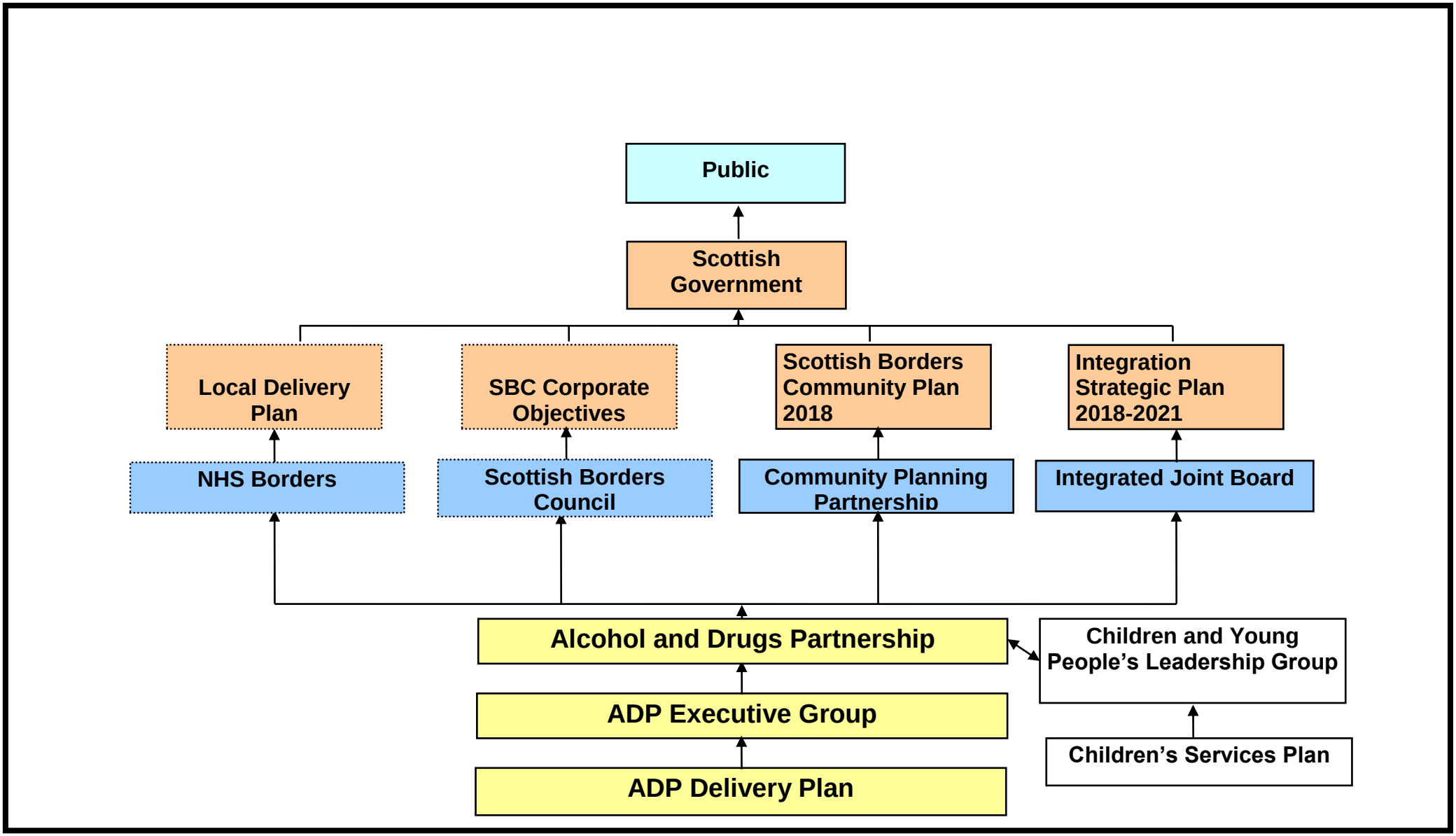

Table 1: Priority Governance Areas

Governance body	Priority Areas
1. NHS Borders	Local Delivery Plan Standards: • Alcohol Brief Interventions • Drug and Alcohol Waiting Times
2. Scottish Borders Council	Licensing Safer Communities joint work
3. Community Planning Partnership	Overview of all ADP work via Annual Report • Whole Population Approach to alcohol and drugs: Licensing, Alcohol Brief Interventions (performance), Responsible Drinking, • Recovery oriented systems of care including commissioned services • Workforce development • Ministerial priorities
Children and Young People's Leadership Group	• Children and young people's commissioned services • Children affected by parental substance misuse • Prevention and early intervention
4. Integrated Joint Board	Delegated alcohol and drugs budget: • Treatment and support services (statutory and third sector) • Alcohol Brief Interventions

4 Proposed Reporting schedule

Group	Frequency[1]	Content
ADP	Quarterly	Performance scorecard
CPP	Twice Yearly	Consultation on Annual report/ mid-year update on delivery plan
CYPLG	Twice Yearly	Consultation on Annual report/midyear update on delivery plan relating to children and young people. Performance data on commissioned service 6 monthly via commissioning group
CYPLG Commissioning Sub-group	Twice Yearly	Monitoring visits with commissioned service
Children and Young People Planning Group	Quarterly	Matters arising from Action Plan
IJB[2]	Twice Yearly	Consultation on Annual report/ mid-year update on delivery plan
Full Council	Annual	Annual Report for noting
NHS Borders Board	Annual	" "

[1] Exception reporting may occur more frequently
[2] Reporting structures to the IJB are emerging

5 Conclusion

The ADP's Annual Report provides an update on the range of work required by Scottish Government and is presented to the CPP, NHS Borders and Full Council. NHS Borders receives monthly reporting on LDP standards. It is recognised that governance arrangements are emerging in particular for the IJB.

Appendix 1 – of ADP Governance Report: Borders Alcohol And Drugs Partnership (ADP): Constitution

1. Purpose
The purpose of Borders ADP is to reduce the impact of problematic drug and alcohol use on individuals, families, communities, and frontline services by co-ordinating the work of the Statutory and Voluntary Agencies and by developing and implementing strategies for tackling drug and alcohol problems at a local level.

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

- NHS Borders (Public Health, Mental Health, NHS Borders Addiction Services, Borders General Hospital)
- Scottish Borders Council (Elected Members, People Department, Community Safety Partnership)
- Police Scotland
- Lothian & Borders Community Justice Authority
- Drug & Alcohol Voluntary Organisations

Members of the ADP must be sufficiently senior representatives of their organisation to ensure that the partnership has the ability to make strategic decisions which will be carried out across the partnership. In addition to the above anyone appointed as Chairperson of any subgroup established by the ADP will be a full member of the Partnership for the duration of the appointment.

3. Ex – officio members
In addition up to 2 members of any other relevant Board or Committee within the Community Planning Partnership framework will attend. These members will be decided by the Chair or Vice Chair in regards to promoting the ADP strategic outcomes. The ADP may invite representatives of public or other groups or any individual to attend any, or all meetings, or any part of a meeting of the ADP, where the full members of the ADP consider that this will enable them to conduct the business efficiently and effectively.

All persons attending under the arrangements in this paragraph may speak to any business on the agenda, but they may not vote and may not be counted towards the required number for the ADP to form a quorum.

4. Chairperson

Appointment to the ADP will be by a nomination by other members of the partnership. If in the case there is more than one nomination this will go to a postal vote by members to agree the Chair person. The tenure of the Chairperson will be on a three yearly basis, though the ADP reserves the right to appoint a new Chairperson at any time should this be deemed necessary by the ADP members.

5. Vice chairperson
Nominations for the position of Vice Chairperson will be sought at the ADP. If there is more than one nominee a vote will be taken to decide (as per the Chair procedure). This appointment will normally be for a period of three years. At this point a new Vice Chair will be appointed this will allow continuity of business in ensuring the strategy is meeting its outcomes.

6. Conduct of meetings

- The ADP shall normally meet at intervals of not more than three months
- Meetings will be quorate when at least six full members are present.
- Meetings will be chaired by the Chairperson or Vice Chairperson. In the absence of both of these individuals, the members present will elect a Chairperson for that meeting from among their number.
- Meetings will be conducted in accordance with the current governance.
- Deputes may be sent by members by negotiation with Chair/ Vice Chair; these deputes must have clear authority from their agency to make decisions on their behalf.
- Where necessary, decisions at meetings will be made by a majority vote of members present (or deputes). Each member or depute will have one vote. In the event of a tie the chairperson will have a second casting vote.

7. Administration
Notice of meetings, including the agenda, the minutes of the previous meeting and relevant reports shall normally be circulated at least seven days in advance.

8. Sub groups
Implementation of the ADP strategy will be supported by an agreed subgroup structure. In addition, it may approve the setting up of short-life working groups to pursue specific remits, which would be chaired by a member of the ADP or another member nominated by the ADP and will report to the main group.

9. Authority
The ADP is held accountable by the Scottish Government and the Community Planning Partnership to co-ordinate and implement the national alcohol and drug strategies locally. The ADP will report to the Community Planning Partnership and the Integrated Joint Board. This accountability will relate to locally agreed outcomes which will be monitored by the Scottish Government, financial and other performance measures.

10. Support services for the ADP
The ADP and all of its sub groups will be provided with appropriate support by ADP Support Team to allow those committees/sub groups to effectively and efficiently conduct their business. Such support shall include:
- ADP Support Team (strategic co-ordination and developmental work)
- Administrative support
- Accommodation for meetings
- Such other support as may, from time to time, be required

11. Use of confidential and private information
In the course of their duties, members of the ADP will necessarily acquire certain information which may be of a private, confidential, or sensitive nature. Confidentiality is a corporate responsibility of the ADP and where indicated, issues under discussion should not form part of a wider public forum, subject to statutory legislation. Members should declare if they have a specific interest or may benefit from specific decisions e.g. funding for service providers.

12. Alterations to the constitution
Any proposed alteration to this constitution should normally be tabled at a quorate meeting of the ADP. The text of any alteration will be circulated to all members of the Committee, with the Minute of the meeting, and the proposal shall be voted upon at the next quorate meeting of the Committee. Any such proposed change shall be adopted, if approved, by a two-thirds majority of the voting members who vote at this second quorate meeting.

Appendix 2 of ADP Governance Report
Borders Alcohol & Drug Partnership (ADP) Financial Framework

1. Purpose of the Framework

The purpose of this Framework is to set out key points of understanding between NHS Borders and Scottish Borders Council on a range of material financial planning, management and control issues on behalf of the Scottish Borders Alcohol & Drug Partnership (ADP).

The scope of this framework covers arrangements for strategic financial planning; risk assessment and management; operational budget setting of earmarked drug and alcohol allocations, control and management; agreement on treatment of over/underspends and dispute resolution.

2. Parties contributions

The contributions of the parties will be amalgamated into a discreet fund hereinafter referred to as “the ADP budget”.

All monies from this budget will be used only for the provision of alcohol and drug-related services unless authorised by the ADP.

At the start calendar year of each partner must inform the host agency of the budget allocation for the following financial year. The Executive Group will then consolidate this information and present the annual allocation to the ADP.

Any reduction in funding from the previous years allocation must be notified to the ADP and explanations given.

3. Management arrangements

Once allocation levels have been established the ADP Executive Group must bring forward to the ADP annual plans on how these allocations will be spent. The Executive Group will formulate these plans using the Commissioning Strategy as the basis, which will inform the prioritisation of the local distribution of funding.

However, should any partners have particular projects they wish to have funded these must be come to the Executive Group where they will be prioritised and affordability assesses.

The Executive Group will then present a consolidated annual budget plan to the ADP containing all partners’ financial budgets and expenditure for approval. Each quarter the ADP will receive a consolidated report detailing annual budget, budget to date, expenditure to date, and year end forecast.

Where the year end forecast is significantly different from the annual budget partners will be expected to detail reason for the difference.

If the forecast under/overspend is deemed to be real the ADP will be required to take a decision on how to deal with the situation.

This may involve instructing the partners agency to bring the budget back into line or agreeing the bids for additional funds can be sources from partners, or the host agency may be asked to consider a carry forward of funds.

4. Monitoring

Executive Group will bring a draft budget plan for each financial year to the ADP in Quarter 4 of the financial year for the following year for approval. The Executive Group will receive quarterly monitoring report for discussion and approval. These monitoring reports will form the basis of a quarterly monitoring report to the ADP.

5. Governance and accountability

Both parties shall retain clinical and professional accountability within their respective corporate governance frameworks, for their personnel within the ADP budget agreement.

This responsibility may transfer to the Integrated Joint Board in the future.

No major change generated externally to the ADP services will be accepted without prior agreement from the ADP (e.g. budget reduction / savings required at an organisational level).

6. Financial management

Under the Scheme of Integration the ADP ring-fenced budget will be delegated to the Integration Joint Board.

NHS Borders will prepare and maintain financial accounts in respect of the ADP funding and Scottish Borders Council is required to provide the necessary information.

Both parties will work together to prepare:

(i) quarterly reports on payments into and out of the fund with an explanation of any variances and a forecast to the end of the financial year from the half-year position;

(ii) an annual return

(iii such other information as is reasonably required by each contributor to enable that contributor to monitor the effectiveness of this Agreement.

7. Asset management

Ownership of any capital purchases made during ring-fenced budget agreement shall remain with the purchasing organisation.

8. Dissolution of agreement

In the event of the ADP budget agreement terminating, the ADP will be responsible for preparing a jointly agreed exit strategy ensuring the needs of both service users and staff are safeguarded.