Scottish Borders Health & Social Care Integration Joint Board

Meeting Date: 19 August 2020

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ALCOHOL AND DRUGS PARTNERSHIP STRATEGIC PLAN REFRESH

Purpose of Report:	The purpose of this report is to: • seek approval for the ADP Strategic Plan Refresh for 2020 onwards • provide an update on ADP Funding 2020-21
Recommendations:	The Health & Social Care Integration Joint Board is asked to: *a)* *Approve* the Strategic Plan Refresh *b)* *Note* the Funding Update
Personnel:	Staffing is provided within the agreed resource.
Carers:	A previous needs assessment for affected family members was carried out in 2019 and this informs the draft Strategic Plan Refresh.
Equalities:	A Health Inequalities Impact Assessment will be available on 10.8.20.
Financial:	ADP funding from Scottish Government is contingent on delivery of Ministerial Priorities. There is no additional financial commitment assumed within the draft Strategic Plan Refresh. Although not funded by ADP budgets the NHS Borders Pharmacy budget for supervising dispensing of Opiod Substitution Therapy (OST) is overspent due to increasing numbers of people on the Borders Addiction Service caseload. This issue is unresolved and will be presented as a future agenda item for IJB.
Legal:	N/A
Risk Implications:	There are no immediate risks to delivery of actions, however, the timescales for year one of the refreshed plan have been revisited in light of COVID. Engagement with this particular client group can be challenging and many social and economic influences outside the control of the ADP will impact on the success of the initiatives. If statutory agencies fail to prioritise this area of work outcomes may not be achieved.

1. ADP Strategic Plan Refresh

1.1 Purpose

Alcohol and Drugs Partnerships (ADP) are required to provide an updated strategic plan from April 2020. The draft plan is attached for information and approval from IJB (Appendix 1). The associated Health Inequality Impact Assessment is included for information (Appendix 4).

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. Membership includes officers from NHS Borders, Scottish Borders Council, Police Scotland and Third Sector.

Scottish Government has requested that Alcohol and Drugs Partnerships develop 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. This should be based on 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.

It is expected that people with experience of alcohol/drug use and those affected are involved in the planning, development and delivery of services. This is in parallel with adopting a human rights approach.

ADP's are required to ensure a quality improvement approach to service planning and delivery is in place and 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.

This locally agreed Strategic Plan and associated Delivery Plan should be in place by September 2020.

The current ADP Strategy 2015-20 expired at the end of March 2020 and the ADP refreshed its strategic plan in line with the framework required above.

ADP approved this strategic plan in March 2020 and is required to seek approval from NHS/SBC Interface group prior to IJB thereafter.

1.2 Key Issues

During the term of the strategy there was a significant unanticipated workload associated firstly with the 22% reduction in ADP funding in 2016-17 and then the award of an additional £357,000 in 2018-2019. In order to implement the 22% reduction in funding, the ADP commissioned a consultant to engage with people with lived experience, staff and wider stakeholders in assessing gaps and areas for improvement in the ADP.

In response to the December 2018 announcement of additional funding for 2018-19, the ADP used the findings from the above work to support engagement with stakeholders, staff and people using services in how to allocate the funding in response to Ministerial Priorities and funding requirements. The proposals developed from this engagement process were approved by IJB in February 2019.

1.3 Assessment

There has been clear progress made in delivering the actions committed to in the 2015-20 strategy, however, there is significant concern about the number of drug related deaths. There is increased work at a national level to review alcohol related deaths and this is reflected in the Strategic Plan Refresh. The ADP is aware of the change to Public Protection procedures locally and the commitment to ensure oversight of drug related deaths is at a significantly senior level and that alcohol and drug services are appropriately engaged.

Local actions to understanding and responding to individuals with co-morbid experience of alcohol and/or drug use and mental health concerns are considered within the mental health transformation work, however, it will be an expectation for the ADP to consider their support/input to this work.

There is work to do to improve the voice of lived experience in planning and delivery of services and conversations are currently taking place on how to do this effectively. People with lived experience continue to experience stigma and the APD awaits with interest support from Scottish Government on adopting a rights approach and how best to deliver anti-stigma messages. There is currently a draft Stigma Strategy developed by the national Drug Death Task Force which will inform local actions.

The Partnership Delivery Framework is clear in its expectation of statutory partners as key players in this arena. These are namely: Children's Planning Partnership (Children and Young People's Leadership Group); Community Justice Board and Integrated Joint Board. The ADP must ensure that these statutory partners continue to develop and share actions and responsibilities relating to alcohol and drug use; this is not the job of the ADP Support Team and Commissioned Services alone. This is likely to include a commitment to workforce development.

Summary of gaps/areas for improvement:

- Involvement of lived experience
- Further development of recovery communities
- Alcohol pathways
- Co-morbidity with mental health and long-term conditions
- Stigma
- Strategic partnerships

1.4 Recommendation

This paper recommends that Health & Social Care Integration Joint Board approve the ADP Strategic Plan Refresh for 2020 onwards.

2.0 Summary note for IJB: Funding allocation 2020-21

2.1 Introduction

The update provides information relating to ADP Funding 2020-21 including spend for 2019-20. Due to reporting delays finalised spend for 2019-20 and projections for 2020-21 will be confirmed at the ADP meeting in August.

2.2 Funding

The Scottish Government's (SG) funding letter for 2020-21 outlines three different SG streams (Appendix 2). The table below summaries funding streams outlined in the funding letter.

Funding route	Amount	Description
1. Baselined in NHS Boards for delegation to IJB	£1,049,582	Recurring
2. Increased investment of 5% from NHS Boards	£52,479	Recurring
3. Programme for Government	£358,278	Non-recurring (ends March 2021, future not confirmed)
4. Drugs Death Task Force funding	£26,688	Non-recurring (from April 2020-March 2022). Subject to SG approval of proposals.

2.3 Baselined in NHS Boards for delegation to IJB - £1,049,582

This is unchanged since 2016-17.

This funding is fully allocated for 2020-21.

2.4 Increased investment of 5% from NHS Boards

The funding letter notes that NHS Boards are expected to increase investment for ADP projects by 5% over this recurrent budget. This would equate to an additional £52,479.

NHS Directors of Finance have raised a concern in relation to the 5% increase. At time of writing it is not confirmed if this money will be available to Borders ADP in 2020-21.

This funding was only notified in the funding letter. Due to the uncertainty relating to this budget stream no spend has been committed against this funding.

2.5 Programme for Government funding - £358,278

This is unchanged since 2018-19. Funding is released based on local spend. Allocation of this funding was agreed at IJB in February 2020.

2.6 Drug Death Task Force funding - £26,688

This is new funding and will only be released on the basis of an approved proposal to address gaps based on six national priorities.

The ADP submitted a proposal to SG on 26th June 2020 (Appendix 3) and requested funding in relation to two priorities as shown in the table below.

Priority	Proposal	Total £ requested
Priority 3: Optimising medication-assisted treatment (MAT);	Support anticipated increase in prescribing costs associated with compliance with MAT standards	£15,000
Priority 4: Targeting people most at risk	Improve harm reduction response including wound care training, additional injecting equipment provision, extension of harm reduction group.	£11,650
	Overall total	**£26,650**

Feedback was received from Scottish Government on 25 July 2020 as follows:
Priority 3: Declined
Priority 4: Agreed to fund additional IEP - amount funded not yet confirmed.

The ADP Support Team is currently seeking a meeting to discuss the feedback with Scottish Government colleagues.

2.7 Summary ADP Financial Statement

RECURRING INCOME	
Alcohol Prevention, Treatment and Support	£1,049,582
BBV MCN	£25,000
Total available	**£1,074,582**
Expenditure planned 2020-21	
Commissioned Services	
Borders Addiction Service (NHS Borders)	£508,209
Low- Moderate Needs & Integration Service (We Are With You)	£205,556
Chimes (Action for Children)	£133,000
Primary Care - Locally Enhanced Service for ABI	£25,000
Prescribing and pharmacist support (NHS Borders)	£10,480
Advocacy - BIAS	£5,000
Third Sector Representation - Scottish Drugs Forum	£3,000
Total commissioned services	**£890,245**
Support functions	
ADP Support Team - Pays & Supplies	£128,088
NHS Borders Corporate Support	£44,504
Development Fund (administered via ADP Support Team)	£3,000
Service User Involvement (via ADP Support Team)	£2,000
Star Outcomes (outcome recording tool)	£1,386
Responsible Drinking (via ADP Support Team)	£500
Neo data recording (injecting equipment provision recording)	£4,000
Total support functions	£183,478
TOTAL PLANNED SPEND 2020-21	**£1,073,723**
NON RECURRING INCOME	
Programme for Government Funding	**£357,000**
Recovery Service (We Are With You)	£39,000
Engagement Service (We Are With You, BAS, NHS Borders Pharmacy)	£242,000
Family Engagement (via ADP Support Team)	£3,000
Advocacy (tbc)	£15,000
Children Affected by Parental Substance Use Link Worker (Action for Children)	£58,000
Total PfG spend	**£357,000**
Drug Death Taskforce Funding	**TBC**
Awaiting funding decision	

APPENDIX ONE
ADP Strategic Plan Refresh 2020

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Foreword

The ADP aims to improve the health and quality of life for all of us by working to ensure that that individuals, families and communities live in an area where fewer people are using alcohol and drugs and, for those that do, recovery is a realistic option.

Since the publication of our 2015-2020 strategy[1] significant changes have taken place in terms of legislation and guidance and these are outlined in Section 3. Significant progress has been made locally in developing our services to provide earlier access to treatment and also we are proud of our growing recovery community led by Serendipity. However, this progress is overshadowed by the continuing and shocking rise in drug related deaths. The number of drug related deaths in Scotland reached its highest ever in 2018 and it is expected that 2019 will be even higher. Borders is no different; in the first four years of our strategy (2015-2018) we lost 47 people to drug deaths (2019 data not available).

Responding to the Public Health emergency of drug related deaths requires a whole system approach, we are confident that our alcohol and drugs services in Borders are performing well and changing practice in respond to need. I would also ask key partners to become more involved in addressing the needs of some of our most vulnerable individuals and families.

We were pleased to see the inclusion of a rights based approach to the recent alcohol and drugs strategy[2] and a reminder that people have the right to health and life – free from the harms of alcohol and drugs.

This strategy provides context and a high level overview of where our identified gaps and areas for improvement are in Borders. We have also agreed a two year delivery plan which outlines the new actions we will take. This strategy was developed in consultation with colleagues and people with lived and living experience of alcohol and drug use. I extend my thanks to them for their commitment, insight and wisdom.

Update: This document was finalised by Borders Alcohol and Drugs Partnership (ADP) in March 2020 subject to approval via local governance arrangements. At that time we were starting to deliver a response to COVID-19 which, of necessity, put final approval on hold and which has interrupted delivery of some of the actions described in section 7. Timescales for these will be updated in the ADP Delivery Plan 2020-22.

Tim Patterson
ADP Chair
Joint Director of Public Health

[1] Borders Alcohol and Drugs Partnership Strategy http://www.nhsborders.scot.nhs.uk/patients-and-visitors/our-services/general-services/alcohol-and-drugs-partnership-(adp)-support-team/key-documents/local-adp-strategies/

[2] Rights, respect and recovery: Scotland's strategy to improve health by preventing and reducing alcohol and drug use, harm and related deaths https://www.gov.scot/publications/rights-respect-recovery/

1 Introduction

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

This refreshed Strategic Plan builds on the work directed by the previous ADP Strategy and reflects current local context, new Ministerial Priorities and updated national strategies[3] as outlined in Section 4 below and is a response to the national Partnership Delivery Framework for ADPs[4].

In line with the national strategies our refreshed Strategic Plan is aligned to the chapter headings in Rights, Respect and Recovery as follows:

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

2 ADP membership

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

- NHS Borders (Public Health, Mental Health, NHS Borders Addiction Service)
- Scottish Borders Council (Elected Members, Social Work, Safer Communities Team)
- Police Scotland
- Drug & Alcohol Third Sector organisations

The ADP is currently chaired by the Joint Director of Public Health for NHS Borders and Scottish Borders Council (SBC). The Vice Chair is the Chief Social Work Officer for SBC.

3 Context

Our 2015-2020 Strategy was underpinned by previous strategic documents related specifically to alcohol and drugs as well as the introduction of the Children's and Young People (Scotland) Act 2014[5]. At the time of writing that strategy the process of Health and Social Care Integration was taking place which has led to a different local landscape including the way in which ADP funding is reported.

[3] Alcohol Framework, 2018, next steps on changing our relationship with alcohol https://www.gov.scot/publications/rights-respect-recovery/

[4] Alcohol and Drugs Partnership Delivery Framework available at: https://www.gov.scot/publications/partnership-delivery-framework-reduce-use-harm-alcohol-drugs/

[5] The Quality Principles: Standard Expectations of Care and Support in Drug and Alcohol Services available at: https://www.gov.scot/publications/quality-principles-standard-expectations-care-support-drug-alcohol-services/

During the timeline of the 2015-20 Strategy a series of significant national developments took place which impacted on ADPs:

- December 2015: ADP's were informed of 22.4% reduction to ring-fenced funding from 2016-17.
- January 2016: introduction of new Chief Medical Officer alcohol guidelines
- January- July 2016: the Care Inspectorate undertook a 'validated self-assessment' of ADPs in line with the Quality Principles.[6]
- April 2017: introduction of new Health and Social Care Standards
- Programme for government 2018: ADP's were informed of additional funding for 2018-19 which was confirmed in August 2019
- November 2018: publication of Rights, Respect and Recovery (RR&R) (ii) and the Alcohol Framework (ii)
- July 2019: publication of Partnership Delivery Framework for ADPs
- November 2019: publication of RR&R Action Plan
- January 2020: draft monitoring framework for RR&R issued[7]

Various legislative changes have also taken place:

- May 2015: Introduction of Air Weapons and Licensing (Scotland) Act 2015 (consideration of licensing objectives and over provision)
- May 2016: Introduction of Psychoactive Substance Act 2016
- May 2019: Introduction of Alcohol (Minimum Pricing) (Scotland) Act 2012
- October 2019: New drug driving offence

In addition to 'business as usual' the ADP and its Support Team was required to respond to each of these developments and/or changes, at a time when all partners continue to work in a landscape where public sector services are required to make year on year efficiency savings within increasingly constrained budgets.

4 Context – Rights, Respect and Recovery

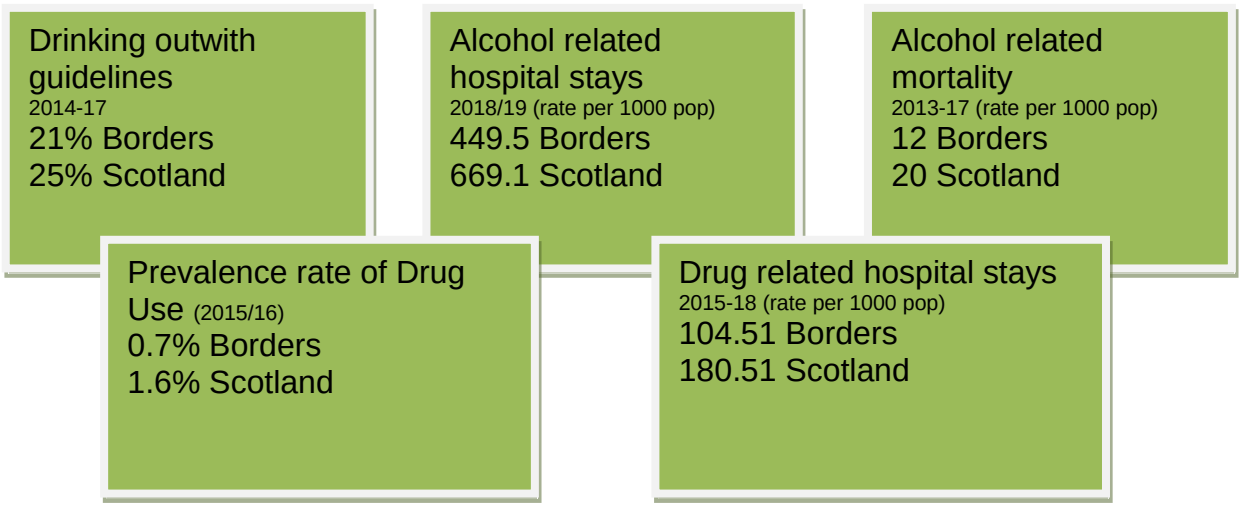
The following infographic from Rights, Respect and Recovery (reproduced with permission from Scottish Government) clearly illustrates the national context in which ADPs and partners are working.

[6] The Health and Social Care Standards available at: http://www.newcarestandards.scot/

[7] RR&R Monitoring Framework available at: TBC


High-risk alcohol and problematic drug use remains high
Drug related deaths and hospital admissions are increasing and remain too high for alcohol
Problematic alcohol and drug use disproportionately impacts deprived communities
Complex needs of an ageing population
More needs to be done to protect those most at risk of harm and death
Dynamic and changing drugs market and challenges
Stigma remains a significant barrier
Services need to be person-centred, trauma-informed and better integrated
The whole family needs support
Respect, diversity and ensure equity
Fewer people (including young people) are using drugs and drinking alcohol
Recovery communities are flourishing
Information and evidence is vital
The Justice System has a role to play
Need to build on Partnership working

5 Local Data (May 2020)



For more information on data relating to Borders please see ADP Technical Report available here

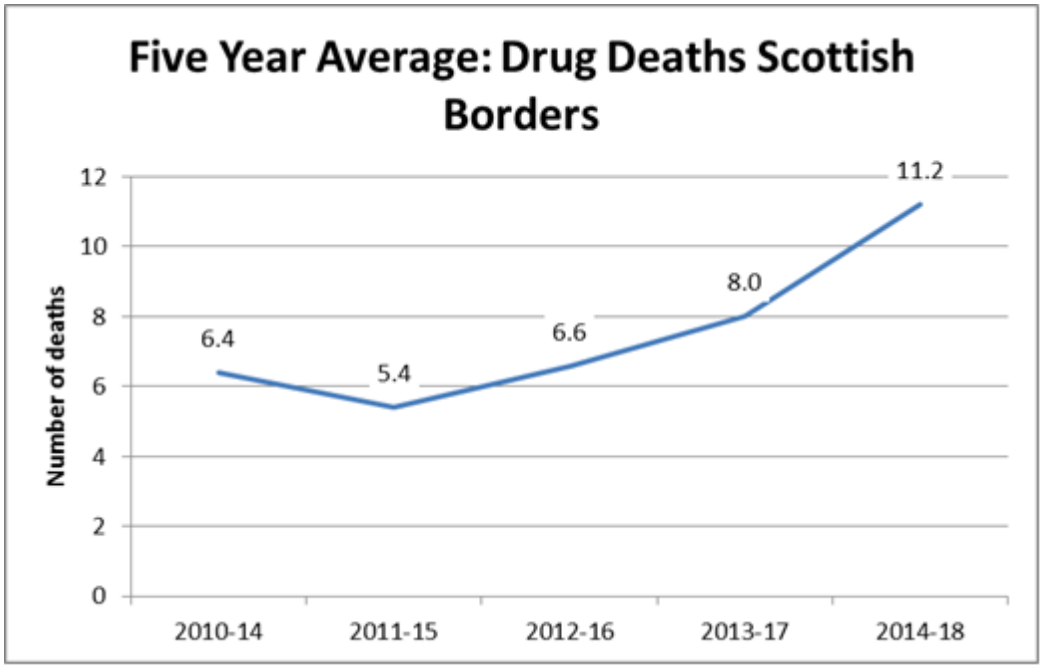
6 Drugs Deaths – a Public Health Emergency

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 one death was out with the remit of the DDRG.

The following table sets out how Borders death rates based on estimated prevalence of drug users compare with seven similar local authority areas.

Area	Estimated number of problem drug users (2015/16)	Number of drug deaths according to NRS (2018)	Drug deaths as a percentage of the population at risk
Scottish Borders	510	22	4.3%
Moray	270	17	6.3%
Highland	1400	36	2.6%
East Lothian	920	18	2.0%
Argyll & Bute	560	9	1.6%
Stirling	1000	19	1.9%
Midlothian	760	14	1.8%
Angus	800	13	1.6%

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.



At the time of writing, the data for 2019 was not available. This is due to a delay in national toxicology processes which are outwith local control. However, based on local intelligence we expect another year where we sadly lose another significant number of people.

In our last strategy we highlighted the actions we would take to reduce drug related deaths. We have taken the following actions forward since the last strategy:

- The local Naloxone Co-ordinator provides overdose prevention training within the ADP Workforce Directory and also offers a bespoke service.
- Participants in all ADP training and events are provided with a drugs deaths briefing which outlines risk factors and circumstances for drug deaths.
- Provision of Take Home Naloxone has extended to Addaction*, pharmacies providing injecting equipment and Accident and Emergency. Funding has been agreed for ensuring all community pharmacies have access to naloxone for use in an emergency situation.
- Alcohol and drug service make proactive contact with families who have been bereaved by drugs deaths.

- Scottish Families Affected by Alcohol and Drugs provide 'Bereaved by substance use' training as part of the ADP Workforce Development Directory All first appointment letters contain information about (SFAD) helplines.

*NB Addaction rebranded to 'We are with you' as of 26 February 2020. Actions relating to the service previous to the rebranding will be noted as Addaction. Future actions will be recorded as 'We are with you'.

In 2018, in response to the concerning higher numbers of deaths, 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.

In January 2020 a briefing was issued by Scottish Government of evidence based emergency responses to drug related deaths; the table below provides a high level assessment of Borders progress at May 2020.

Evidence based strategy	Borders Assessment
Targeted distribution of naloxone	Since March 2011 first supplies of naloxone have been provided to 75% of out estimated targeted population. Going forward we will look to expand naloxone supply into Mental Health Settings.
Implement immediate response pathway for non-fatal overdoses and target people most at risk	A local protocol is in place between Scottish Ambulance Service and Borders Addiction Service, however, referrals are low. Borders Addiction Service and Addaction deliver an Assertive Engagement Service which aims to make rapid contact with individuals who are not or have ceased engaging with services. Going forward this team will lead on developing improved alcohol and drug pathways for patients attending acute hospital.
Optimise use of medication-assisted treatment (MAT) – this involves low barrier access to treatment (e.g. methadone); appropriate dose levels	Borders Addiction Service and Addaction are trialling 'drop-in' clinics for those at highest risk and successfully initiating the majority of prescriptions within 7 days (48%* same day). *Quarter 3 2019-20 Going forward we will work towards implementing MAT Standards once

	published.
Ensure equivalence of support for people in the Criminal Justice System	There is no prison in Borders and the majority of Borders citizens tend to be released from HMP Edinburgh. Positive relationships are in place between local services and the Justice Service.

Our emergency response: Drug Death Task Force January 2020

On 26 February 2020 a Drugs Death Workshop was held in Borders. This was facilitated by SDF and linked to the Staying Alive Toolkit. Immediate actions arising from this workshop are being followed up. A report was received from SDF in May and it was agreed at the DDRG that an action plan would be developed and progressed by the ADP Quality Principles sub-group which next meets in September 2020.

Scottish Government has convened a Drugs Death Task Force which has as its primary role to co-ordinate and drive action to improve the health outcomes for people who use drugs, reducing the risk of harm and death. The ADP Support Team is represented on the Task Force.

The ADP believes it is taking a robust approach to reducing drug deaths and this will continue in 2020 and beyond.

7 Areas for Improvement

While the high level outcome areas and aims are set through RR&R, we have identified gaps/areas for improvement which the ADP is required to address within this high level Strategic Plan. Over the period of the last strategy significant work was done to assess current performance and gaps/needs in our system particularly in response to the removal of ADP funding and the investment of new monies released in 2018-19.

In preparation for refreshing this Strategic Plan a progress report was developed which updated on work related to objectives in the previous strategy. This was presented to the ADP Executive group. The ADP Executive Group agreed an approach to refreshing the Strategic Plan through consultation on gaps/areas for improvement with key partners including people with lived experience. This inclusive approach acknowledged the significant previous engagement work. An updated progress report[8] was shared with and discussed with people with lived experience

and wide stakeholders to help develop this refreshed Strategic Plan. This report was updated throughout the process in response to findings.

A list of groups involved in the refresh is included in Appendix one.

Based on this consultation work the following areas for improvement have been identified and shared by partners.

7.1 Prevention and early intervention:

Stigma continues to be a concern for people affected by alcohol and drugs. Stigma can lead to prejudice and discrimination and prevent people with problems, and their families, from seeking help. It can also impact on the help provided.

In addition, stereotypical reporting of drug and alcohol use in printed and social media can perpetuate stigma while there is little reporting on positive recovery.

The incidence of childhood adverse experiences and experience of trauma in people using alcohol and drugs is well evidenced, however, the portrayal of some our most vulnerable people via printed and social media can compound the difficulties experienced.

Reducing stigma will be of benefit to individuals, families and communities experiencing impact of alcohol and drug use.

7.2 Developing Recovery Orientated Systems of Care (ROSC)

7.21 Co-morbidity

In the foreword to this Strategic Plan Refresh the ADP Chair noted the developments and improvements in service delivery and options for people with alcohol and drugs problems. An improvement approach, however, requires us to consider where services can be further developed. Locally we have identified a need to improve responses for people with co-occurring alcohol and/or drug use and mental health problems and also clarity of pathways for responding to alcohol care, particularly post hospital discharge.

We have also identified that people with alcohol and/or drug use are more likely to experience physical ill-health and co-occurring long term conditions.

Public Health England[9] note that alcohol and drug problems are common among people with mental health problems and cite evidence that people with co-occurring conditions are often unable to access the care they need from both mental health and addiction services. Locally staff and people with lived experience have reported that it is not always possible to readily access correct support for people who have concurrent alcohol and/or drug problems and mental health concerns. Some initial scoping work has been undertaken to try to confirm the extent to which individuals within our relevant services self-report (or are diagnosed) with co-occurring problems. Mental health services in Borders are undergoing significant transformation and understanding and addressing the needs of this cohort are part of that work with which the ADP will want to be involved.

7.22 Alcohol Pathways

During our consultation staff and people with lived experience described missed opportunities for intervention relating to people's alcohol consumption, in particular relating to people who may have emergency hospital admissions for a variety of conditions but where there is an underlying contributory factor from their alcohol use.

It is also the case that initial work on an Alcohol Related Brain Damage (ARBD) pathway including awareness raising and training is still to be fully implemented and it is anticipated that this work will continue during the lifetime of this strategy.

A stakeholder workshop to review alcohol pathways and identify areas for improvement was planned for May 2020. This was postponed due to COVID and will take place in Autumn 2020. Actions arising from this work will be included in the ADP Delivery Plan 2020-2022.

7.23 Recovery opportunities

As well accessing high quality services for treatment and support to reduce harm from alcohol and drug use, a ROSC requires opportunities for people to both address wider aspects of their

[9] [9] Better care for people with co-occurring mental health and alcohol/drug use conditions available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/625809/Co-occurring_mental_health_and_alcohol_drug_use_conditions.pdf

lives and also take steps towards recovery which is away from the harm experienced towards a healthier and more fulfilling life. While recovery remains a contested term and will mean different things for individuals there is recognition that recovery activities and communities can reduce social isolation, provide peer and mutual support, allow safe spaces to connect with others and help reduce stigma as people see visible recovery.

Activists in rural areas such as Borders face particular challenges. A challenge for many services in Borders is transport, however local activists potentially experience increased stigma as people are less 'anonymous' than in cities. Also, there is a smaller population from which to develop activists. In Borders, however, Borders Recovery Community has sustained the Serendipity Cafe in Galashiels and are ambitious to spread their success. In December 2019 Serendipity and Addaction hosted their first joint Christmas party.

The ADP has funded a whole time post in We Are With You to support development of recovery opportunities in partnership with the local recovery community.

There is a role for ADP partners to support this work through providing training and capacity building opportunities for activists and ensuring that they remain up to date with the work of the community.

7.24 Involvement of lived and living experience in planning of services

Over time Borders ADP has tried different approaches to involving people with lived experience in developing and planning services and while services have made improvements in their recruitment and client feedback, we have not found a consistent, regular and meaningful way of finding a way to have the voices of people with lived experience influencing the work of the ADP.

At a meeting of the ADP Executive Group in December 2019 people with lived experience discussed an approach which will be further explored in early 2020.

This is a workstream requiring to be prioritised in this strategic plan.

7.3 Getting it right for children, young people and families

At the time of writing the governance and structure for the Children and Young People's Leadership Group (local Children's Planning Partnership) is under review. The CYPLG is a statutory consultee in developing this Strategic Plan.
The expected arrangements for the CYPLG will include oversight of alcohol, drugs and tobacco work and the needs of impacted children.

Local protection arrangements have also recently been reviewed in order to deliver Public Protection Services (PPS) where co-located children and adult protection; domestic abuse and community safety staff will adopt a 'think family' approach to their work. ADP Support Team is represented on the Delivery Groups for the PPS and the Assertive Engagement Team is a confirmed link to operational work.

The ADP considers a key role to continue to raise awareness of the needs of children impacted by another's alcohol and/or drug use. During Spring-Summer 2020 training in Oh Lila (learning for children age 3 to 5 years which aims to build resilience and protective factors in young children, helping them to develop social skills and encouraging them to communicate) was commissioned for all local authority early years staff. This is a significant investment but will provide assurance that the needs and responses to this group are highlighted in this session. The delivery of these sessions is incomplete due to COVID. The training provided is exploring how best to deliver the remaining sessions.

The ADP is supportive of Alcohol Focus Scotland's work to support children's right to an alcohol free childhood and will continue to support the local Licensing Board to support its Licensing Objectives including protecting and improving public health and protecting children and young people from harm.

A new package of resources held on Glow (School Intranet) was launched in November 2019 for teachers across Scottish Borders Schools (Primary and Secondary) on drugs, alcohol and tobacco education and prevention. These resources are age and stage appropriate and linked to Curriculum for Excellence, experiences and outcomes and benchmarks held on GLOW. At time of writing this strategy there has been 12,800 visits to the site.

The next stage of this work will be to consider education-based approaches that are delivered in line with evidence-based practice to reach our children and young people not present in traditional settings, such as Youth Groups and Community Learning and Development. This work will align with any national recommendations from Scottish Government.

7.4 A Public Health Approach in Justice

A partnership between Borders Community Justice, Statutory Justice Social Work Services and NHS Borders Public Health is developing a Wellbeing Worker post. The focus of the post will be to assist people who find themselves within the Justice System, many of whom present as socially and financially disadvantaged, to overcome barriers with regard to the attainment of healthier life styles. Advice, signposting and 1:1 or group learning opportunities will be offered to all those who are made subject to a Community Payback Order or other community disposal. Outcomes will be focused on the improvement of dental hygiene, physical and mental wellbeing and drug and alcohol related issues.

7.5 Crosscutting work

Strategic Partnerships
Throughout the discussions in developing this Strategic Plan the significant progress and innovation from the alcohol and drugs services was acknowledged. ADP members and partners continue to have a role to ensure the needs and rights of our client groups are addressed and to ensure appropriate priority is given to the needs of people with alcohol and/or drug related problems particularly during this challenging time in public services.

7.6 Summary of gaps/areas for improvement:

- Involvement of lived experience
- Further development of recovery communities
- Alcohol pathways
- Co-morbidity with mental health and long term conditions
- Strategic partnerships

8 Monitoring progress

Supporting this strategy is an ADP Delivery Plan 2020-22 (and subsequent two-year plans) which sets out key activities, indicators and timescales against each of the Core Outcomes listed to address our strategic aims.

Progress will be monitored via the following mechanisms:

- Monthly reporting on alcohol and drugs service waiting times target

- Monthly reporting on ABI target
- Quarterly performance report to ADP and ADP Executive Group
- Quarterly financial report to the ADP and ADP Executive Group
- A minimum of six monthly contract monitoring meetings with commissioned services
- Bi-annual Alcohol Profile updates will collate local information relating to alcohol related harm
- Annual Reports based on the Strategy and Delivery Plan will be submitted to the IJB, CPP and Scottish Government.
- Regular feedback and engagement with people with lived experience based on agreed future ways of working

In future we will be expected to report on the MERRR framework. At time of writing the process for this is not confirmed.

9 Conclusions

Locally there has been significant progress from our previous strategy, however, there are identified gaps areas for improvement requiring attention of ADP partners as outlined above. The strategic approach outlined above informs our 2020-2022 Delivery Plan.

Appendix Groups Consulted

Discussions to inform this strategy were held with the following groups:

- Children and Young People's Leadership Group
- Community Justice Board
- Integrated Joint Board Leadership Group
- People with lived experience – We Are With You (previously Addaction)
- Serendipity Recovery Cafe members
- Staff from alcohol and drugs services

Appendix 2

Population Health Directorate
Health Improvement Division
E: alcoholanddrugsupport@gov.scot

Scottish Government
Riaghaltas na h-Alba
gov.scot

ADP Chair
Integration Authority Chief Officer

Copies to:
NHS Board Chief Executive
Local Authority Chief Executive
NHS Director of Finance
Integration Chief Finance Officer
ADP Co-ordinators

29th May 2020

Dear ADP Chair and Integration Authority Chief Officer

SUPPORTING THE DELIVERY OF ALCOHOL AND DRUG SERVICES: 2020-21 FUNDING ALLOCATION, PROGRAMME FOR GOVERNMENT FUNDING AND MINISTERIAL PRIORITIES

1. I write to provide detail about the funding arrangements, Ministerial priorities and planning and reporting arrangements for Alcohol and Drug Partnership (ADP) work for 2020-21. These arrangements will support the delivery of Rights, Respect and Recovery *Scotland's strategy, to improve health by preventing and reducing alcohol and drug use, harm and related deaths*, and the Alcohol Framework 2018: Preventing Harm – *next steps in changing our relationship with alcohol.*

Funding Allocations

Baselined funding

2. The Scottish Governments direct funding to support ADP projects in 2020-21 has been transferred to NHS Board via their baseline allocations for onward delegation to Integration Authorities (**IAs**) for ADP projects. .

3. NHS Boards are expected to increase investment for ADP projects by 5% over the recurring 2020-21 budget. This increase is detailed in **Appendix 1**.

Programme for Government

4. An additional £20 million was announced as part of the 2017-18 Programme for Government to support improvement and innovation in the way alcohol and drug services are developed and delivered as part of the Rights, Respect and Recovery strategy and the Alcohol Framework 2018 Preventing Harm. In the previous financial year (2019-20), £17 million was allocated directly to ADPs through the Local Improvement Fund. The same amount is available for 2020-21 as set out in **Appendix 2**. We are aware that several IAs are holding earmarked ADP reserves. As agreed through the Chief Finance Officers network, we ask that IAs utilise earmarked ADP reserves in 2020-21 before accessing new funding.

Drugs Death Taskforce Funding

5. The primary role of the Drug Deaths Taskforce is to co-ordinate and drive action to improve the health and wellbeing outcomes for people who use drugs, reducing the risk of harm and death. A total of £3 million has been identified by the Taskforce for spend by ADPs and a breakdown of allocated by Integrated Authority is provided in **Appendix 3**; allocations are based on the prevalence of drug problems. To receive this funding ADPs are required to submit a proposal, clearly setting out how they will use this funding to address gaps in delivering the Taskforce's six evidence-based strategies to help reduce drug-related deaths[1]. These include:

- Targeted distribution of naloxone;
- Having an immediate-response pathway for non-fatal overdose;
- Optimising medication-assisted treatment (MAT);
- Targeting people most at risk;
- Optimising public health surveillance; and
- Ensuring equivalence of support for people in the criminal justice system.

6. The application form, timeframes and other further information are also set out in Appendix 3. Please note that all bids must be submitted by **5pm Friday 26th June 2020** to **alcoholanddrugsupport@gov.scot** otherwise they will not be considered for funding.

7. The Taskforce has also established a £1 million research fund with further information available *here* and a further fund of £5 million to support innovative tests of change to address drug harms and deaths initiated by the Taskforce subgroups.

8. Ministers are clear that we still face a public health emergency in relation to drug deaths and that services should be protected during the Covid-19. The minister and the Chief Medical Officer have been clear that alcohol and drug services are essential services and that pre-COVID-19 service levels be maintained for this at-risk group.

9. The Minister is also clear that the full funding allocation for all the funding streams covered in this letter should be expended on the provision of projects and services which deliver locally agreed outcomes in relation to reducing the use of, and harm from, alcohol and drugs. Projects should be agreed in partnership through ADPs. The allocations described in this letter represent the minimum amounts that should be expended on these services in 2020-21. We fully expect that additional resources, including funding, will continue to be invested in reducing alcohol and drug harms and deaths. Further, all of these resources should be invested transparently in partnership, and be informed by the evidence base to deliver priorities within local strategic plans and be based on an appropriate and current needs assessment.

Context for Delivery

10. Scottish Ministers have established five priorities which underpin the delivery of national strategies: Rights Respect and Recovery and the Alcohol Framework in 2020-21. The priorities are consistent with the previous year and cover both alcohol and drugs, with the exception of priority 5 which refers to alcohol only:

i. A recovery orientated approach which reduces harms and prevents deaths
ii. A whole family approach
iii. A public health approach to justice
iv. Prevention, education and early intervention
v. A reduction in the affordability, availability and attractiveness of alcohol

[1] https://www.gov.scot/publications/drug-deaths-taskforce-emergency-response-january-2020/

11. These priorities will inform our national plans to deliver these strategies, as well as our requirements in relation to local ADP annual reports. **Appendix 5** sets out more detail on the Ministerial priorities. **Appendix 6** provides some links which may be helpful in delivering Ministerial Priorities. **Appendix 7** provides the detail for the Local Delivery Plan Standards: Alcohol and Drug Waiting Times and Alcohol Brief Interventions.

COVID-19

12. Scottish Ministers recognise that the response to COVID-19 is the overarching priority for ADPs during the pandemic. Your ongoing work, contingency planning and efforts to support the alcohol and drug community is recognised and is much appreciated by Ministers and the Scottish Government Teams. Focus should continue on the continued delivery of alcohol and drug services in line with the joint letter from the Minister and the Chief Medical Officer dated 16th April and available *here*.

Planning and reporting arrangements

13. The Scottish Government and COSLA have worked with a range of stakeholders to develop a *Partnership Delivery Framework*, which published in July 2019 to support local planning arrangements to address alcohol and drug harms. This sets out joint expectations about the role and function of ADPs in in delivering Rights, Respect and Recovery and the Alcohol Framework.

14. The deadline for the completion of ADP strategic plans has been extended to 21 September 2020, in recognition of ADP ongoing challenges locally in response to COVID-19.

15. A new template of the annual report will follow later in the year. This will cover the reporting year 2019-20.

16. If you have any queries on the content of this letter, please contact Ruth Winkler or Geraldine Smith at: alcoholanddrugsupport@gov.scot.

Yours sincerely

Elizabeth Sadler
Deputy Director, Health Improvement Division
Population Health Directorate

APPENDIX 1 – SUPPORTING THE DELIVERY OF DRUG AND ALCOHOL SERVICES: 2020-21 SCOTTISH GOVERNMENT DIRECT FUNDING ALLOCATIONS INCLUDED IN NHS BOARD BASELINE AND THE EXPECTED ALCOHOL AND DRUG UPLIFT

NHS Board	2019-20 Allocation (£)	2020-21 Allocation including the 5% uplift (£)
Ayrshire & Arran	3,538,392	3,715,311
Borders	1,049,582	1,102,061
Dumfries & Galloway	1,531,827	1,608,418
Fife	3,297,788	3,462,677
Forth Valley	2,653,555	2,786,232
Grampian	4,511,429	4,737,000
Greater Glasgow & Clyde	14,479,282	15,203,246
Highland	2,847,456	2,989,828
Lanarkshire	5,424,984	5,696,233
Lothian	8,887,134	9,331,490
Tayside	4,158,654	4,366,586
Orkney	427,044	448,396
Shetland	462,201	485,311
Western Isles	530,673	557,206
Total Scotland		
	53,800,001	**56,490,001**

* 2020-21 funding allocation includes 5% uplift to NHS Board baselines for onward delegation to Integration Authorities (IAs) for ADP projects

APPENDIX 2 – PROGRAMME FOR GOVERNMENT: LOCAL IMPROVEMENT FUND INVESTMENT IN SERVICES TO REDUCE PROBLEM ALCOHOL AND DRUG USE

ALLOCATION TO INTEGRATION AUTHORITIES

Integration Authority	Allocation (£)
Aberdeen City	662,695
Aberdeenshire	721,450
Angus	363,927
Argyll and Bute	314,290
Clackmannanshire and Stirling	434,122
Dumfries and Galloway	504,745
Dundee City	498,274
East Ayrshire	411,380
East Dunbartonshire	308,929
East Lothian	314,738
East Renfrewshire	265,923
Edinburgh	1,425,019
Falkirk	489,003
Fife	1,159,099
Glasgow City	2,046,396
Highland	781,756
Inverclyde	278,798
Midlothian	271,129
Moray	293,936
North Ayrshire	460,605
North Lanarkshire	1,085,055
Orkney Islands	82,380
Perth and Kinross	463,688
Renfrewshire	577,343
Scottish Borders	358,278
Shetland Islands	82,745
South Ayrshire	382,468
South Lanarkshire	1,008,328
West Dunbartonshire	310,244
West Lothian	532,777
Western Isles	110,481
	17,000,000

Appendix 3: Drug Deaths Taskforce Funding

This appendix sets out:

- Section 1: allocations made to each ADP
- Section 2: The application form
- Section 3: Guidance to release this funding

Section 1: Allocations made to each ADP

Integration Authority	Allocation (£)
Aberdeen City	125,589
Aberdeenshire	62,794
Angus	41,863
Argyll and Bute	29,304
Clackmannanshire and Stirling	85,249
Dumfries and Galloway	57,561
Dundee City	120,356
East Ayrshire	83,726
East Dunbartonshire	37,153
East Lothian	48,142
East Renfrewshire	41,863
Edinburgh	313,972
Falkirk	62,794
Fife	146,520
Glasgow City	622,711
Highland	73,260
Inverclyde	78,493
Midlothian	39,770
Moray	14,129
North Ayrshire	83,726
North Lanarkshire	188,383
Orkney Islands	1,570
Perth and Kinross	78,493
Renfrewshire	141,287
Scottish Borders	26,688
Shetland Islands	8,896
South Ayrshire	49,189
South Lanarkshire	209,314
West Dunbartonshire	57,561
West Lothian	68,027
Western Isles	2,616
	3,000,000

Section 2: Guidance to releasing Drug Deaths Taskforce Funding

Background

The Drug Deaths Taskforce has established six evidence based Strategies to reduce drug deaths and drug harms. These are set out *here*. Section 1 sets out the further funding available to support Integration Authorities to provide these services where they are not already in place for all those at risk in the local area. All bids must be developed in partnership through ADPs to ensure they are aligned to existing approaches across the local alcohol and drug strategy.

Applying for additional funding

ADPs must complete the application form in Section 3 of this Appendix and should be submitted by email to alcoholanddrugsupport@gov.scot by **Friday 26th June 2020.**

All applications must be signed off by the IA Chief Officer as well as the ADP Chair.

Applications can only be made for the allocation set out in Section 1 of this Appendix. For example Aberdeenshire can submit an application for a maximum of £125,589.

Applications should only cover the evidence based Strategies where the IA/ADP has identified that there are gaps in delivery and further funding is required.

Applications will be reviewed by a panel made up of representatives from the Drug Deaths Taskforce including people with lived experience. The criteria used to assess the bids will be as follows:

- Clear understanding of the gaps in service delivery
- Relevance of the proposal to the evidence based Strategy
- Relevance of the proposal to meet the gaps identified in service delivery
- Innovative and person centred approach

Decisions will be communicated to ADP Chairs / IA Chief Officers by **Friday 24th July 2020.**

Section 3: The application form

Priority 1: Targeted Distribution of Naloxone
Please set out your current progress in delivering priority 1, including the current gaps in delivery
Max 300 words
Please set out your proposals to address these gaps/enhance existing delivery, with costings
Max 500 words
Please set out your baseline and expected improvement against national or local indicators, including timeframes. E.g. • On 31 By 31 March 2021 (number) of Naloxone kits will have been distributed from community settings • By 31 March 2021 (number) of Naloxone kits will have been distributed from prison settings.

Priority 2: Implement Immediate Response Pathway for Non-fatal Overdose
Please set out your current progress in delivering priority 1, including the current gaps in delivery.
Max 300 words
Please set out your proposals to address these gaps / enhance existing delivery, with costings
Max 500 words
Please set out your baseline and expected improvement against national or local indicators, including timeframes. E.g. By 31 March 2021 an increase of (number) of people will have receiving immediate and proactive offer of treatment and support following a non-fatal overdose.

Priority 3: Optimise the use of Medication-Assisted Treatment
Please set out your current progress in delivering priority 3, including the current gaps in delivery.
Max 300 words
Please set out your proposals to address these gaps / enhance existing delivery, with costings
Max 500 words
Please set out your baseline and expected improvement against national or local indicators, including timeframes. E.g. By 31 March 2021 same day prescribing will be available at a further 8 treatment service access points for all those assessed as requiring OST.

Priority 4: Target the People at Most Risk
Please set out your current progress in delivering priority 4, including the current gaps in delivery.
Max 300 words
Please set out your proposals to address these gaps / enhance existing delivery, with costings
Max 500 words
Please set out your baseline and expected improvement against the national indicators set out below, as well as any local indicators

Priority 5: Optimise Public Health Surveillance
Please set out your current progress in delivering priority 5, including the current gaps in delivery.
Max 300 words
Please set out your proposals to address these gaps / enhance existing delivery, with costings
Max 500 words

Priority 6: Ensure Equivalence of Support for People in the Criminal Justice System
Please set out your current progress in delivering priority 6, including the current gaps in delivery.
Max 300 words
Please set out your proposals to address these gaps / enhance existing delivery, with costings
Max 500 words
Please set out your baseline and expected improvement against national or local indicators, including timeframes. E.g. By March 2021 an increase of (number) of people will have started treatment following intervention prior to arrest.

Summary of funding required

Priority	Total £ required
Priority 1	
Priority 2	
Priority 3	
Priority 4	
Priority 5	
Priority 6	
Overall total	

Please indicate any proposed or actual reductions in funding for alcohol and drug services in 2020/21.

Area of service delivery	Funding reduction £	Proposed / actual	Impact

Signed ADP Chair: **Signed IA Chief Officer:**

Date: **Date**

APPENDIX 4– NATIONAL CONTEXT FOR ADP FUNDING

Measuring Success

Rights, Respect and Recovery[2] and *The Alcohol Framework 2018*[3] and the *Partnership Delivery Framework to Reduce the Use of and Harm from Alcohol and Drugs*[4] collectively provide the national framework for delivering alcohol and drug prevention, treatment and support in Scotland.

The Monitoring and evaluation framework for Rights, Respect and Recovery (MERRR)[5] was published on 9 March 2020 by Public Health Scotland. This will sit alongside the MESAS (Monitoring and Evaluating Scotland's Alcohol Strategy) programme, as the evaluation plan for the Alcohol Framework 2018. Together these plans will set out outcome indicators, performance measures and evaluation studies to enable an assessment of progress against the delivery of these strategies at a national level.

The monitoring and evaluation plans will also lead to the development of a series of national benchmarks which will be used to identify progress against the implementation of the strategies at a local and national level.

In the meantime, National Services Scotland, Information Services Division, continue to update the ScotPHO profiles. The profiles can be accessed here: http://www.scotpho.org.uk/comparative-health/profiles/online-profiles-tool.

National Support

The SG National Support Team takes forward key projects to deliver national strategic priorities; it is also available to support capacity building, sharing of learning and good practice amongst ADPs in order to promote the delivery of our national strategic priorities. Examples of the support available include:

- Establishing effective governance arrangements and strategic plans
- Benchmarking local governance, service systems and delivery approaches
- Support with the use of data to understand need and evidence progress
- Implementing quality improvement approaches
- Liaising with nationally commissioned organisations (Scottish Drugs Forum, Scottish Recovery Consortium, Scottish Families Affected by Alcohol and Drugs, Crew, Scottish Health Action on Alcohol Problems and Alcohol Focus Scotland) to provide support on:
    - Developing recovery-oriented systems of care through system redesign including community, prison and prison through care services
    - Putting in place a whole population approach to reducing alcohol use and preventing alcohol harm
    - Workforce development
    - Supporting family members
    - Developing recovery communities
    - Involving people with lived and living experience of addiction, recovery and participating in services in the delivery, design and planning of services.
    - Developing plans to reduce drug and alcohol deaths and harm.

[2] https://www.gov.scot/publications/rights-respect-recovery/
[3] https://www.gov.scot/publications/alcohol-framework-2018-preventing-harm-next-steps-changing-relationship-alcohol/
[4] https://www.gov.scot/publications/partnership-delivery-framework-reduce-use-harm-alcohol-drugs/
[5] http://www.healthscotland.scot/publications/monitoring-and-evaluation-framework-for-rights-respect-and-recovery

We strongly encourage ADPs to use the national support available to them. Please contact Ruth Winkler at alcoholanddrugsupport@gov.scot if you wish to discuss opportunities for support.

Public Health Reform

Public health reform is a partnership between the Scottish Government and COSLA. It is a programme of work which aims to challenge our current ways of working, put more decisions directly in the hands of citizens and provide support to local communities to develop their own approaches and solutions to local population health challenges

To deliver the vision for public health reform, Scottish Government and COSLA:

- Have agreed public health priorities for Scotland that are important public health concerns and that we can do something about
- Will establish a new national public health body for Scotland bringing together expertise from Public Health Scotland, Health Protection Scotland and Information Services Division
- Will support different ways of working to develop a whole system approach to improve health and reduce health inequalities.

There are six public health priorities for Scotland:

1. A Scotland where we live in vibrant, healthy and safe places and communities.
2. A Scotland where we flourish in our early years.
3. A Scotland where we have good mental wellbeing.
4. A Scotland where we reduce the use of and harm from alcohol, tobacco and other drugs.
5. A Scotland where we have a sustainable, inclusive economy with equality of outcomes for all.
6. A Scotland where we eat well, have a healthy weight and are physically active.

Further information on public health reform is available at https://publichealthreform.scot/

Health and Social Care Integration

The Public Bodies (Joint Working) (Scotland) Act 2014 provides a statutory framework for the integration of health and social care delivery in Scotland. The legislation provides that both in-patient and community based addictions functions are delegated to Integration Authorities (IAs). It is important that ADPs continue to make effective connections into local decision-making and raise awareness of alcohol and drug issues to inform local priorities, ensuring Strategic and Delivery plans for alcohol and drug outcomes are embedded within local Health and Social Care arrangements.

ADPs should enable joint decision making, across local strategic partnerships such as, Community Justice Partnerships, alongside IAs to address alcohol and drug harms.

Drug Deaths Taskforce

The Drugs Deaths Taskforce was established in July 2019 by the Minister for Public Health and Sport, supported by the Cabinet Secretary for Justice, to tackle the rising number of drug deaths in Scotland.

The 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 taskforce has published a number of documents to support the work to reduce drug deaths across Scotland, including:

- Preventing drug related deaths in Scotland: emergency response strategies - January 2020
- Drug Deaths Taskforce: COVID-19 Recommendations– 16 April 2020
- Drug Deaths Taskforce: COVID-19 and opiate replacement therapy

Further information about the Taskforce is available *here*.

APPENDIX 5 – MINISTERIAL PRIORITIES AND NATIONAL DELIVERABLES FOR 2020-21

The Minister has set out the following five priorities and a series of improvement goals for 2020-21. ADPs will be asked to report progress against these improvement goals in their annual reports

Ministerial Priorities	National deliverables 2020/21 against which local areas will report against in their annual reports
1. A recovery orientated approach which reduces harms and prevents alcohol and drugs deaths	• Update and implement plans to reduce deaths from alcohol and other drugs, making use of best practice outlined in Staying Alive in Scotland, Dying for a Drink and the forthcoming Alcohol Deaths Review Guidance from Alcohol Focus Scotland, in collaboration with local partners. • Implementation of the Drug Death Task Forces six evidence based strategies to reduce drug- related deaths. • Continue to improve access to naloxone in the community and on release from custodial and hospital settings • 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 • 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. (https://www.gov.scot/publications/quality-principles-standard-expectations-care-support-drug-alcohol-services/) • Ensure mechanisms are in place for people with lived and living experience of addiction/recovery and of participating in services to be involved in delivering, planning and developing services • Continued delivery against the Local Delivery Plan Standards Waiting Times Standard. (See appendix 7) • Implementation of DAISy before the end of 2020 in line with national DAISy implementation plans (https://www.isdscotland.org/Health-Topics/Drugs-and-Alcohol-Misuse/Drug-Alcohol-Information-System/)
2. A whole family approach on alcohol and drugs	• 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 • 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. A public health approach to justice for alcohol and drugs	• 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 through care • Develop improvement plans as needed
4. Education, prevention and early intervention on alcohol and drugs	• 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. • Meet the Local Delivery Plan – the Alcohol Brief Interventions (ABIs) Standard to ensure delivery of the target overall for your area with 80% of ABIs delivered in priority settings. (See appendix 7) • Support the delivery of the SG's Count 14 campaign to raise awareness of the UK Chief Medical Officers' lower-risk maximum weekly drinking guidelines. Amplify the campaign at a local level utilising partnerships, media and online resources.
5. A reduction in the attractiveness, affordability and availability of alcohol	• 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.
Cross Cutting work	• Implement the Partnership Delivery Framework to Reduce the Use of and Harm from Alcohol and Drugs • Contingency Planning in relation to COVID-19

As a part of local strategic planning ADPs should set their own actions, improvement goals, measures and tests of change, alongside the national deliverables, to drive quality improvement at a local level.

Local improvement measures for delivering Ministerial priorities should be described in the 2020-21 ADP Reports due for completion in autumn 2021. Further information will be forthcoming on these reports.

Appendix 6 – USEFUL LINKS

The following links may be helpful in delivering the Ministerial Priorities:

Scottish Neighbourhood Statistics (SNS) website – enter the range of ADP Postcodes (top left of the home page), or use an Area Profile for ADP area (lower right of the home page) statistics.gov.scot

National Records of Scotland information on alcohol deaths:
https://www.nrscotland.gov.uk/statistics-and-data/statistics/statistics-by-theme/vital-events/deaths/alcohol-deaths

ISD alcohol and drug misuse publications: http://www.isdscotland.org/Health-Topics/Drugs-and-Alcohol-Misuse/Publications/

National Records of Scotland information on drug-related deaths data -
https://www.nrscotland.gov.uk/statistics-and-data/statistics/statistics-by-theme/vital-events/deaths/drug-related-deaths-in-scotland

Scotpho alcohol and health and wellbeing profiles:
https://www.scotpho.org.uk/

Staying Alive in Scotland – Strategies to Combat Drug Related Deaths;
http://www.sdf.org.uk/wp-content/uploads/2019/08/Staying-Alive-in-Scotland-Aug-2019-Digital.pdf

Dying for a Drink - Circumstances of, and contributory factors to, alcohol deaths in Scotland: results of a rapid literature review and qualitative research study
http://www.shaap.org.uk/images/dying-for-a-drink-text_for_web.pdf

Older People with a Drug Problem in Scotland: Addressing the Needs of an Ageing Population. http://www.sdf.org.uk/wp-content/uploads/2017/06/Working-group-report-OPDPs-in-2017.pdf

The world drug perception problem: countering prejudices about people who use drugs
http://www.globalcommissionondrugs.org/wp-content/uploads/2018/01/GCDP-Report-2017_Perceptions-ENGLISH.pdf

Guidance on contingency planning for people who use drugs and COVID-19
http://www.sdf.org.uk/covid-19-guidance/

Guidance on Coronavirus (COVID-19) and People with Alcohol-related Problems: Recommendations for Services
https://www.shaap.org.uk/downloads/238-new-guidance-for-covid-19-and-people-with-alcohol-related-problems/viewdocument/238.html

APPENDIX 7 – LDP STANDARDS

DRUG AND ALCOHOL TREATMENT WAITING TIMES

The Local Delivery Plan (LDP) standard supports sustained performance in fast access to services and requires that 90% of clients will wait no longer than 3 weeks from referral received to appropriate drug or alcohol treatment that supports their recovery.

- Nobody will wait longer than 6 weeks to receive appropriate treatment
- 100% compliance is expected from services delivering tier 3 and 4 drug and alcohol treatment in Scotland

Performance against the Standard will continue to be measured via the Drug and Alcohol Treatment Waiting Times Database (DATWTD) with national reports being published on a quarterly basis via the ISD website: http://www.isdscotland.org/Health-Topics/Drugs-and-Alcohol-Misuse/Publications/

This will continue until the new national integrated Drug and Alcohol Information System (DAISy) is operational, when waiting times will be reported through DAISy.

4. It is expected that access to treatment is equitable across all areas and settings in Scotland and across drug *and* alcohol treatment interventions. We expect that ADPs and services undertake routine reviews of subsequent treatments to ensure that people are not waiting lengthy periods of time between interventions. We also expect that nobody will wait longer than 6 weeks to receive treatment and as such expect that any on-going waits are dealt with swiftly. **ADPs should review data on secondary waits for treatment, particularly where there is local intelligence that people are waiting longer than 3 weeks for interventions such as opiate replacement therapy.**

ALCOHOL BRIEF INTERVENTIONS

The LDP Standard supports sustained performance against the delivery ABIs and the embedding of these interventions into existing practice.

The LDP Standards for ABI delivery is as follows:

ABI LDP Standard 2020-21	Target delivery
Ayrshire & Arran	4,275
Borders	1,312
Dumfries & Galloway	1,743
Fife	4,187
Forth Valley	3,410
Grampian	6,658
Greater Glasgow & Clyde	13,085
Highland	3,688
Lanarkshire	7,381
Lothian	9,757
Orkney	249
Shetland	261
Tayside	4,758
Western Isles	317
Total	**61,081**

The split between delivery in priority and wider setting delivery remains the same in 2020-21 as 2019-20: 80% delivery in priority settings; 20% in wider settings. Priority settings include:

- Primary care
- Accident and Emergency
- Antenatal

We recognise this was set out before the current coronavirus situation. The impact on delivery is being considered and further information will follow this letter. In the meantime, NHS Boards and their partners within the ADP are asked to continue to consider ways to increase coverage of harder to reach groups, supporting the focus in communities where deprivation is greatest. All delivery should be planned, implemented and evaluated in line with the ABI LDP standard national guidance[6]. Data should continue to be reported through ISD.

We welcome a continued dialogue with local colleagues around any risks or issues which could impact on the delivery and sustainability of the LDP Standards. Please contact Geraldine Smith (alcoholanddrugsupport@gov.scot).

[6] http://www.show.scot.nhs.uk/alcohol-brief-interventions/

Appendix 3 Borders ADP Funding Proposal for Drug Death Task Force Funding

Priority 1: Targeted Distribution of Naloxone
Please set out your current progress in delivering priority 1, including the current gaps in delivery.
Our local naloxone co-ordinator works in NHS Borders Addiction Service (BAS) and attends national meetings. Naloxone provision is governed through our multi-agency ADP Harm Reduction Group and, since withdrawal of national funding, has been supported by Public Health budget. Naloxone is currently available from: • adult drug services via scheduled appointments and drop-ins • IEP's (fixed site and pharmacy) • Emergency Department (ED) for people who attend to A/E following NFO • Prisons Following the Lord Advocate's letter we are pursuing supply of kits via: • Mental Health Rehab • Justice Social Work - kits can then be issued to those in crisis and or on DTTO's, when presenting at supervision appointments • Local CAPSM service. We also engaged early with SAS re supplying naloxone kits following NFO. This work is now absorbed within the Drug Death Task Force tests of change and we will participate in the extension of the DDTF pilot from Springburn. In our 2015-18 Delivery Plan we set an ambitious target to achieve cumulative supply of first kits to 50% of our estimated prevalence of problem drug users by March 2018. Since the programme started in 2011 at 31 March 2020 we had provided 390 first supplies of take home Naloxone (76% of our estimated population of drug users) and 1400 total supplies. We have sustained the target number of first time kits for this year (28). Gaps: At the moment there is no programme of peer supply of naloxone Max 300 words (245)
Please set out your proposals to address these gaps / enhance existing delivery, with costings.
Peer supply: We have previously trained a number of peers to supply naloxone but individuals' changing circumstances and the relatively small cohort of people ready and able to undertake this role at a point in time has not been sustainable and there have been limited opportunities for peer engagement (e.g. clinic based services, small numbers of attendances per day per IEP).

In April 2019 the ADP commissioned an assertive engagement service (ESTeam). The specification for this service includes exploring feasibility for peer supply in year two of the contract. At the moment the opportunity to do this is curtailed due to social distancing but it remains within the workplan. Our work to develop drop-in support and a Hub in Eyemouth is paused, however, have the potential to be venues for peer supply.
ESTeam provides a service to people who have problematic alcohol and/or drug use and who are currently experiencing barriers to accessing service or at risk of dropping out of service and/or people who have been identified at increased risk of drug related death (. This includes, actively seeking out and engaging with people who have not attended service including support to attend and working with colleagues in the wider system to support people who may not be ready to engage or prepare for structured treatment

There are minimal associated costs with peer supply and are anticipated to be met within existing budgets.

If appropriate reassurance is given by the Lord Advocate we propose to continue supply via the new areas mentioned above. Funding has been identified for 2020-21 therefore is required in 2021-22 only.
Estimated number of kits: 30
Costs: 40 x 18 = £18+VA = £864

Max 500 words (279)

Please set out your baseline and expected improvement against national or local indicators, including timeframes.

E.g.
By 31 By 31 March 2021 (number) of Naloxone kits will have been distributed from community settings

By 31 March 2021 naloxone kits will be available from Justice Social Work, Mental Health Rehab and our CAPSM services.
The total number of kits issued by 'new' providers will total 40 in year 2021-22.

Priority 2: Implement Immediate Response Pathway for Non-fatal Overdose

Please set out your current progress in delivering priority 1, including the current gaps in delivery.

The most recent local Non-Fatal Overdose Protocol was updated in 2018 and was developed in partnership with SAS, BAS, ADP Support Team and ED. The protocol includes pathways between SAS, A/E and in-patient wards in the acute hospital as well as information about alcohol and drugs services and naloxone.

Our NHS Addictions team employs a substance liaison nurse who is able to facilitate engagement into service. The ESTeam is able to initiate low barrier

access to OST if required.

Gaps – this issue was discussed during a local Staying Alive in Scotland session delivered by SDF in Borders. Areas noted for improvement were:

- Staff knowledge and awareness of the protocol and access to drugs services
- Receiving information from SAS following NFO
- Receiving information from Police Scotland about people at risk when SAS not in attendance (this is not restricted to NFO, Police Scotland not part of the existing protocol). This has previously been flagged locally but we have been unsuccessful in having agreement to share this information. Following the DDTF in Dundee a discussion with Police Scotland to request a similar model of information sharing between police and services to that described by Dundee colleagues be implemented in Borders. Advice is currently that we must await findings from the Dundee trial.
- Referrals not routine from ED to drugs service
- Information sharing with Public Health e.g. suspected 'clusters' of overdose not routine

Max 300 words (236)

Please set out your proposals to address these gaps / enhance existing delivery, with costings

We await progress re Police Scotland information sharing arrangements to allow for a 'once for Scotland' approach.
We are in discussion with SAS to implement an improved system for Borders.
Following the discussion above we have developed better links with ED and are planning to:

- refresh naloxone training and communications about drugs services
- explore substance liaison nurse supplying naloxone and IEP to in-patients at point of discharge
- raise the profile and understanding of the protocol (including monitoring of referrals)

We have linked closely with our microbiologist to form part of the pathway re wound and other infections and are actively pursuing SAS colleagues.

This work will be taken forward by a small working group.

Any additional costs are minimal and will be absorbed in the existing budgets.

Max 500 words (130)

Please set out your baseline and expected improvement against national or local indicators, including timeframes.

E.g. By 31 March 2021 an increase of (number) of people will have receiving immediate and proactive offer of treatment and support following a non-fatal overdose.

During 2019-20 there were no referrals from SAS to BAS.

By 31 March 2021 an increased number people will have received a timely and proactive offer of treatment and support following a non-fatal overdose. Based on 2020-2021 performance we will update a specific target for 2021-22.

Priority 3: Optimise the use of Medication-Assisted Treatment

Please set out your current progress in delivering priority 3, including the current gaps in delivery.

Good progress is being made in Borders in relation to MAT standards 1-5 and BAS is participating in the MAT Sub-Group test of change. The numbers of people starting same day prescribing has increased. Patient choice has expanded to include Espranor and Buvidal.

ESTeam and the service's investment in non-medical prescribers (5) enables support to two weekly drop-in clinics and the Eyemouth Hub. At the drop-in and Hubs people can access prescribing, harm reduction advice, naloxone supply, IEP and dry blood spot testing for BBV'.

Over time the number of individuals receiving OST has increased:

Year number	People receiving OST
2017-18	356
2018-19	358
2019-20	386

In 2019-20 69 people had their first prescription within that reporting year. We attribute much of that increase to the work of ESTeam and the reduction in barrier although wish to explore this further.(Priority 5).

Gaps – the approach by BAS and WAWY to active engagement and retention in service has increased the overall caseload and onward costs to pharmacy. The pharmacy supervision budget is now over subscribed and likely to increase.

Max 300 words (284)

Please set out your proposals to address these gaps / enhance existing delivery, with costings

We are evaluating the ESTeam and drop-ins in terms of process indicators and also patients' views. We know anecdotally that this approach is welcomed by the people accessing it. The evaluation will be presented to the next ADP Board in September and will allow us to identify further improvement. The Hub is funded by Challenge Funding and has successfully been awarded additional funding to roll out that model to more areas of Borders. This work has been impacted by Covid at the moment and will continue in line with easing of restrictions.

Given the significant progress which has been supported by the Programme for Government funding, we are proposing to allocate £15,000 to the increased supervision costs for people on OST/MAT associated with low

threshold access and retention in treatment. An estimated cost of daily supervision for one individual is £1000 per year. This would fund an additional 15 individuals.

Pharmacy colleagues have reviewed models of funding and prescribing colleagues have reviewed supervision needs in terms of patient safety and patient acceptability and we are confident the governance of the budget is sound, however, the challenge of delivering our services in line with Rights, Respect and Recovery require us to consider the impact on other parts of the system.

Max 500 words (208)

Please set out your baseline and expected improvement against national or local indicators, including timeframes.

E.g. By 31 March 2021 same day prescribing will be available at a further 8 treatment service access points for all those assessed as requiring OST.

From Jan-March 2020:

- 63% (20) – people commenced OST the same day as initial assessment
- 31% (10) – people commenced OST between 1-7 days after initial assessment
- 6% (2) – commenced OST 8 or more days after initial assessment

At 15.6.2020 6 patients had started Buvidal treatment we expect this to gradually increase.

It is not considered prudent to estimate a specific increase within this time period as this is dependent on patient choice and risk assessment. Our ambition therefore is that by 31 March 2021 the percentage of people accessing same day prescribing and numbers starting Buvidal treatment will have increased.

Priority 4: Target the People at Most Risk

Please set out your current progress in delivering priority 4, including the current gaps in delivery.

The work of the ESTeam is key to success in this area as was reflected in the covid response where we were able to make contact with people who, prior to this innovation, were not engaged with services. A ‘no unplanned’ discharge approach prevents frequent entrance and exit from treatments.

Future work of the team includes a requirement to progress improved pathways for people experiencing co-morbid mental health concerns. This will be aided by the fact that the Consultant Psychiatrist in BAS is also a member of the Community Mental Health Team.

First Steps harm reduction groups take place in Galashiels and Hawick supported by peers and staff from WAWY and BAS and its programme

includes support for safer injecting, understanding poly drug use.

WAWY have implemented the AIR (Assessing Injecting Risk) in their IEP, however, people accessing the service are often reluctant to stay longer than required for their transaction.

Gaps – service users in First Steps and the Staying Alive Development day highlighted a gap in staff knowledge and service user support in terms of wound care and access to IEP in one area of Borders.
There is no specific intervention for people over 35.
Max 300 words (196)

Please set out your proposals to address these gaps / enhance existing delivery, with costings

We propose to extend IEP provision to Selkirk. There are 30 people currently receiving OST and feedback from staff and people with lived experience is that the lack of provison is leading to unsafe practices, particularly while travel is reduced. The IEP will also provide naloxone kits.

To support wound care we have engaged with our Consultant Microbiologist to work with us and ED to support a care pathway for people with wound site infections.

We propose to expand the nurse role within the First Steps groups to support physical health considerations (including woundcare) and we propose to train our non-medical prescribers to undertake a qualification in advanced clinical practice to enable them to assess and prescribe treatment.

This will allow people to access this support within clinics and at WAWY, over time this will also provide additional support to pharmacies.

This will also support us to address the health needs of our cohort of older drug users (of current BAS drug clients 72% are aged 35 or over (68% of female cohort; 78% of male cohort; 33% are aged over 45).

We have agreement to deploy a new Specialist Registrar in Public Health to undertake a health needs assessment of our drug using population. This will commence late in fiscal year 2020-21.

Our aim is to increase the reach of the First Steps groups by offering in additional Borders area. It is proposed to support this through funding 5 hours staff time; peer travel costs and logistics.

Year one	**Cost**	**Year two**	**Cost**
IEP set-up costs	£1000	-	-
IEP Fee	£1500	IEP Fee	£1500
Staff training inc travel (x3)	£3600	Staff training inc travel (x2)	£2400*
First Steps group – staff hours	£5800	First Steps group – staff hours	£5800
First Steps group – peer	£600	First Steps group – peer	£800**

travel and logistics		travel and logistics	
Total	£11,650	Total	£11,650

*estimated costs , fees may change
** expect additional attendees

Max 500 words (317)

Please set out your baseline and expected improvement against the national indicators set out below, as well as any local indicators

We expect an increase:

- Notifications of injecting site infections to BAS from ED/acute site
- Attendance and engagement with First Steps (Harm Reduction) groups

Priority 5: Optimise Public Health Surveillance

Please set out your current progress in delivering priority 5, including the current gaps in delivery.

Borders ADP leads a multi-agency Drug Death Review Group chaired by our Chief Social Work Officer/Vice Chair AD Annual report produced and presented at the Critical Services Oversight Group (CSOG). An annual report is prepared for the Critical Services Oversight Group.

Our local Drug Trend Monitoring Group continues to meet to to share intelligence regarding emerging trends of drugs/alcohol use and related harm. The mailing list is used to disseminate briefings/alerts to members.

Gaps: we have completed an overview of numbers of people receiving OST and noted some interesting features: e.g. 11 people received prescriptions in 2017-18 and 2019-20 but not in 2018-19. We are keen to use the prescribing data to understand more about the characteristics of our cohort.

Max 300 words (120)

Please set out your proposals to address these gaps / enhance existing delivery, with costings

A small project group will be convened in September to review the existing prescribing data to explore areas likely to include:

- Demographic characteristics of the cohort
- Relationship between demographics and service uptake (e.g. age groups and retention in service)
- Characteristics of those who have returned to service
- Characteristics of those who are new to service

The group will develop a project plan which will include the areas of exploration.
This work aims to improve understanding the characteristics of our cohort to inform future service planning and improvements.

There are no additional costs associated with this piece of work.

Max 500 words (102)

Priority 6: Ensure Equivalence of Support for People in the Criminal Justice System

Please set out your current progress in delivering priority 6, including the current gaps in delivery.

There are positive strategic relationships locally between the ADP and Criminal Justice system. The Safer Communities & Community Justice Manager is a member of the ADP and the ADP Strategic Lead sits on the local Community Justice Board. ADP related items are regularly scheduled there for discussion.

The majority of any Borders residents given a custodial sentence will be housed in HMP Edinburgh the Governor of which also sits on the Justice Board.

There is a full drug service available in prison from the health board geographically connected to the prison. Medication is issued on release and handover made to home health board. Pharmacy costs are met by health board of holding prison.

We are aware of the potential of prison to provide a respite space for long term drug users to consider a change. Recovery services available in some prisons as well as established addiction support via NHS and third sector and are positive about the recent introduction of Buvidal for people with six months or more remaining on their service.

The Justice Service has previously supported a piece of work to explore concerns around access to service for people at risk of drug deaths and is currently progressing engagement in supply of naloxone. There is an arrangement in place for DTTO delivery is alongside BAS.

The Borders Community Justice Board has agreed to nominate Borders as an area to be included in the DDTF Justice Sub-Group in relation to diversions from prosecutions.

Gaps –
Potential for people to continue on Buvidal following liberation from prison
Potential for increased information sharing between Justice Social Work and drugs services to identify people at increased risk.

Max 300 words (273)

Please set out your proposals to address these gaps / enhance existing delivery, with costings

Prisons
During this year we are keen to explore a baseline and improvements and to implement a pathway for continuing of Buvidal prescribing at liberation.
To facilitate that we are bringing together a group of interested parties on 29.6.20 to discuss that issue and broader concerns regarding support for Borders residents.

Justice Social Work Alongside the Community Justice Board we will explore current referral and engagement rates with ESTeam and how best to improve information sharing/risk escalation between the respective services. There is no additional costs associated with this proposal Max 500 words (90)
Please set out your baseline and expected improvement against national or local indicators, including timeframes. E.g. By March 2021 an increase of (number) of people will have started treatment following intervention prior to arrest.
By March 2021 the following will be in place: • A pathway for continuation of prescribing from HMP Edinburgh to BAS • Increase in number of referrals from Justice to BAS. Baseline = 3 in 2019-20

Summary of funding required

Priority	**Total £ required**
Priority 1	**0**
Priority 2	**0**
Priority 3	**£15,000**
Priority 4	**£11,650**
Priority 5	**0**
Priority 6	**0**
Overall total	**£26,650**

Please indicate any proposed or actual reductions in funding for alcohol and drug services in 2020/21.

Area of service delivery	**Funding reduction £**	**Proposed / actual**	**Impact**
There are no proposed reductions in alcohol and drugs services in 2020-21.	n/a	n/a	n/a

Signed ADP Chair:

Dr Tim Patterson

Date: 26.6.2020

Signed IA Chief Officer:

Rob McCulloch-Graham

Date: 26.6.2020

Appendix 4: Health Inequality Impact Assessment

ADP Strategy Refresh – Health Inequality Impact Assessment

Scoping workshop report

Policy/service title: Alcohol and Drugs Partnership (ADP) Strategy Refresh
Date of workshop: 7 August 2020
Location: via MSTeams
Policy lead: Fiona Doig
Equality and diversity lead: Nic White
Report Author: Fiona Doig
Date of Report:10 August 2020

This is a report of the findings from a workshop held to identify potential impacts of this policy, including differential impacts on different population groups. The workshop was the first stage of a Health Inequalities Impact Assessment of the policy. Findings are based on the knowledge and experience of those present at the workshop.

This report is not a definitive statement or assessment of impacts but presents possible impacts that may require further consideration. The report also identifies some questions to be addressed to understand the impacts further. The purpose of further work following this scoping stage is to inform recommendations to improve impacts on health and enhance actions to reduce health inequalities, avoid discrimination and take action to improve equality and enhance human rights.

People present: Lorna Peddie, Nic White, Fiona Doig

Rationale and aims of policy:
The Scottish Borders Alcohol & Drugs Partnership (ADP) is tasked with delivering a reduction in the level of drug and alcohol related problems amongst young people and adults in the Borders, and reducing the harmful impact on families and communities. It is responsible for working with the Scottish Government, colleagues, people with lived experience and local communities to tackle the problems arising from substance use.

The ADP is made up of representatives from NHS Borders, Scottish Borders Council, Police Scotland and alcohol and drugs Third Sector organisations.

The refreshed Strategic Plan builds on the work directed by the previous ADP Strategy and reflects current local context, new Ministerial Priorities and updated national strategies.

The Strategy is formed to align with chapter headings in the national alcohol and drugs treatment strategy Rights, Respect and Recovery as follows:

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

1. Who will be affected by this policy?

People with alcohol and drugs concerns and/or problems
Family members impacted by another's alcohol and drug use including children
Staff in alcohol and drugs services
Children and Young People in young people's settings e.g. education, youth sector
Members of the public

2. How will the policy impact on people?

The group sought to identify potential differential impacts of the policy on different population groups. These impacts are noted below.

Population groups and factors contributing to poorer health	Potential Impacts and explanation why	Recommendations to reduce or enhance such impacts
Age: older people; middle years; early years; children and young people.	The Strategy covers all age groups. There will be a positive impact on children and young people. Chimes service provides support to children and young people impacted by parental substance use, support to parent in understanding and mitigating the impact of their substance use and support to kinship parents of impacted children. Quarriers Resilience for Wellbeing Service provides support for children and young people in relation to alcohol and drugs and emotional wellbeing. Quarriers and Chimes work closely together We Are With You (WAWY) has an identified young person's worker who leads on developing young people appropriate engagement and service provision and works with Quarriers and Borders Addiction Service (BAS) to ensure support for	Continue to monitor outcomes of commissioned alcohol and drugs and Children and Young People's Leadership Group services to ensure fitting local need.

	children and young people experiencing problems from their use of alcohol and/or drugs. ADP delivers a workforce development programme including introduction to alcohol and drugs and Children affected by Parental Substance Misuse (CAPSM)briefing. Substance use education for schools has been developed. In addition to specific SUE resources, Relationships, Sexual Health and Parenthood resource also includes sections relating to impact of drug and alcohol use on quality of young people's relationships; Peaches and Aubergine resource also supports this work and these are supported by education and wider youth sector; What's the Harm training is relevant in this context. These resources develop skills and knowledge for children and young people. Alcohol Brief interventions are delivered to people over the age of 16 in the NHS priority settings based on clinical presentation and opportunistic screening and in wider settings. This will include identification of older adults who are harmful or hazardous drinkers.	Explore new methods of delivery in response to impact of COVID on face to face learning Evaluation of SUE planned for 2020-21 school year. Seek opportunities to enable access to youth sector. Adult services are briefed on the specific needs of older adults and although there is not a specific service interventions are delivered to respond to need e.g. home visits.
Disability: physical, sensory and learning impairment; mental health conditions; long-term medical conditions.	Overall this plan is positive for people with disability since it directly impacts on those individuals with substance misuse issues. It is challenging to find any UK data relating to	Healthier Me delivery offers an opportunity to

	prevalence of substance misuse in people with physical and/or learning disabilities. There is a suggestion the people with learning disabilities are likely to present similar rates of alcohol use to those of the general population and ADP Strategic Lead attends Mental Health and Wellbeing Board. Strategy is positive for people with experiencing mental ill-health. These are often intertwined with substance use issues. WAWY staff attend the Mental Health Forum to promote positive relationship ensure good communications, access to services and feedback from people with lived experience. Strategy impact is positive for people with alcohol and drugs concerns who may attend ED with unrelated or related ussed. Alcohol and Drugs Liaison Nurse works within acute hospital to support individuals and pathways. Alcohol and drugs service have a role to play in supporting emotional and physical wellbeing e.g. healthy lifestyles. Use of Star Outcomes tool allows people in service to identify health goals.	explore any support required by third sector learning disability providers to support concerns relating to alcohol and drug use. Take forward local work to examine 'co-morbidity' needs and responses in relation to substance use and mental ill-health. Review Alcohol and Non-fatal Overdose pathways to ensure access to specialist services for those attending the acute hospital or seen by Scottish Ambulance Service Recommendation to scope additional resources for services staff re healthy eating, physical activity.
Gender Reassignment: people undergoing gender reassignment	Stigma is experienced by people using alcohol and drugs, however, the additional stigma experienced by trans people can further compound people's avoidance of services. Although there is no dedicated service in Borders for LGBT alcohol and	Ensure services are sighted on emerging data. Recommendation to scope training needs in relation to LGBT, stigma, unconscious bias within alcohol and drugs services

	drugs issues, all services are available confidentially and all commissioned alcohol and drugs services are required to have an Equality and Diversity policy.	
Marriage & Civil Partnership: people who are married, unmarried or in a civil partnership.	No specific impacts in relation to this characteristic.	
Pregnancy and Maternity: women before and after childbirth; breastfeeding.	The impact on this group is positive: Alcohol Brief Interventions (ABI's) are delivered by midwives in antenatal settings and Health Visitors. CHIMES supports pregnant women to understand impact of alcohol and drug use	Continue to review ABI performance, awareness raising of Foetal Alcohol Spectrum Disorder, commissioned services outcome monitoring. Continue positive relationships between alcohol and drugs services and social work; Health Visitors and Early Years Centres.
Race and ethnicity: minority ethnic people; non-English speakers; gypsies/travellers; migrant workers.	There are no specific interventions within the plan relating to minority ethnic people, non-English speakers, gypsies/travellers; migrant worker. While the impact of the strategy is positive in that services are open to all it is recognised that barriers may be experienced for people in this group. Currently there is no local evidence of unmet or unrecognised needs in relation to alcohol and drugs. Any anecdotal suggestion of such will be acted upon within current planning structures including ADP Board Meetings.	Commissioned services are required to give due consideration to engaging with and supporting people for whom English is not a first language. Translation services are available in Borders. Recommendation that alcohol and drugs service review existing materials and scope potential for offering in other languages.
Religion and belief: people with different religions or beliefs, or none.	Stigma is experienced by people using alcohol and drugs, however, the additional stigma experienced by people with some religious beliefs may further compound people's avoidance of services.	Commissioned services are required to give due consideration to engaging with and supporting people with different beliefs or customs and to reduce barriers for access.

		Service providers will ensure that clients' wishes to have appointments with a staff member of a specific gender will be fulfilled.
Sex: men; women; experience of gender-based violence.	This strategy will have a positive impact on all groups by providing services and interventions for people seeking support for alcohol and drugs concerns and also prevention and early intervention activity (e.g. ABIs, education). Men are more likely to experience problems associated with alcohol and drug use and this is shown in service uptake data as well as the demographics of those experiencing drug related deaths. Staff have been trained in gender-based violence awareness and adult services have implemented routine enquiry for domestic abuse. ADP Support Team represented in Violence Against Women Partnership structures. WAWY facilitates a Women's Group. Services participate in MARAC meetings processes.	Continue to review staff training needs in relation to gender based concerns including briefing for Drug Death Review Group.
Sexual orientation: lesbian; gay; bisexual; heterosexual.	Stigma is experienced by people using alcohol and drugs, however, the additional stigma experienced by lesbian, gay, bisexual can further compound people's avoidance of services. LGBT people have higher prevalence of alcohol and drug use than the population as a whole.	Ensure services are sighted on emerging data. Services are required to have an Equality and Diversity policy. Recommendation to scope training needs in relation to LGBT, stigma, unconscious bias within alcohol and drugs services. Ensure the current project with LGBT Forum

	Daily drinking in those aged 65 and over is significantly higher than the population as a whole.	and Joint Health Improvement Team supporting health and wellbeing includes consideration of impact and support for people with alcohol and/or drug use concerns.
Looked after (incl. accommodated) children and young people	This strategy will have a positive impact on all groups by providing services for children and young people impacted by parental substance use which can be a factor contributing to the person being looked after or accommodated. Chimes service provides support to children and young people impacted by parental substance use, support to parent in understanding and mitigating the impact of their substance use and support to kinship parents of impacted children. Joint working with BAS and WAWY ensures appropriate level of treatment for young people with higher substance use needs. Alcohol and drugs services are sighted on and involved with the revised Public Protection Services developments.	Continue to maintain positive relationships exist between the Transitions Team and commissioned services. WAWY deliver bespoke sessions with transitions clients. ESTeam to continue to build networks and capacity with key services.
Carers: paid/unpaid, family members.	This strategy will have a positive impact on this group by providing access to support for adults impacted by another's substance use via the Concerned Other Group and access to structured support on an individual basis using evidence based approach (CRAFT). Often people in this group do not see themselves as carers and may seek support initially from alcohol and drugs services rather than carer specific services. Serendipity Recovery Café is open to and	Continue to provide support for concerned others and maintain links with carers services. Continue to promote SFAD information via appointment letters and other service literature. WAWY have established links with local Kinship Carers Support Group and will raise any concerns arising from the group with relevant colleagues are sighted on this.

	accessed by family members. CHIMES service provides support for young carers. This group is often reluctant to disclose family substance use, the joint nature of this service ensures staff are able to provide support for this issue.	
Homelessness: people on the street; staying temporarily with friends/family; in hostels, B&Bs.	This strategy will have a positive impact on this group. Borders Addiction Services Support Workers are employed with Social Work services. Use of Star Outcomes tool allows people in service to identify accommodation issues and to chart progress.	Commissioned services continue to maintain positive relationships with homelessness services. ESTeam to continue to build networks and capacity with key services.
Involvement in the criminal justice system: offenders in prison/on probation, ex-offenders.	This strategy will have a positive impact on this group. Use of Star Outcomes tool allows people in service to identify accommodation issues and to chart progress. Justice Social Work commission Borders Addiction Service to provide Drug Testing and Treatment Order service (DTTO). Cross representation between Community Justice Board and ADP Board.	Continue to maintain positive relationships with Justice Services. Borders Addiction Service to continue to explore support for people during and at liberation from HMP Edinburgh.
Addictions and substance misuse	This strategy will have a positive impact on people experiencing, impacted by or at risk of developing addictions and substances use concerns. The strategy is based on consultation with key stakeholders including people with lived experience; it is evidence based and follows the strategic aims and objectives of the national alcohol and drugs strategies.	ADP to continue to monitor quarterly performance reports. ADP Support Team to ensure involvement in national (e.g. ADP Leads Meeting; Drug Death Co-ordinators) and local opportunities to ensure our local plans fit needs. ADP to continue to pursue a mechanism for lived experience involvement.

Staff: full/part time; voluntary; delivering/accessing services.	Staff in services were involved in informing development of this policy so impact is positive as it reflects system needs and staff experience. ADP delivers a workforce development programme to support staff to feel equipped to work with this client group. This includes locally developed and commissioned sessions as well as external specialists providers (e.g. Scottish Drugs Forum, Alcohol Focus Scotland, Crews) and on-line opportunities. The requirement to wear PPE for face-to-face work may not align with specific religious practices.	Ensure staff are aware of finalised strategy and associated Delivery Plan and are able to identify any development needs. Explore new methods of delivery in response to impact of COVID on face to face learning Services to follow national guidance.
Low income	This strategy will have a positive impact on this group. People experiencing problems associated with alcohol and drug use are more likely to be experiencing health inequalities and low income. Alcohol and drug problems can lead to people being less likely to be in employment than the general population. During COVID-19 services responded by offering digital/remote opportunities for accessing support. This requirement is likely to remain in place for some time. While this can be seen potentially as a positive development e.g. reduction in need to travel, for some people less able to access digital responses e.g due to lack of connectivity or hardware this may be problematic. Commissioned services have accessed small grants during this	Ensure service provision reduces barriers to access particularly in relation to COVID-19 response and move towards digital/remote appointments by ensuring there are alternative options available for those less able to use digital solutions.

	time to enable provision of e.g. telephones and data credit.	
Low literacy / Health Literacy: includes poor understanding of health and health services as well as poor written language skills.	**There are no specific impacts in relation to this characteristic although it is recognised that impact could be negative if services are not able to support both access to and treatment for people with low literacy/health literacy.** **All services will accept self-referral and also referrals from health professionals. Information about services is available on line.**	**Ensure services are able to support people in this group through considering e.g. service materials, appointment lengths and communication methods. People are able to attend an appointment with another if they wish.**
Living in deprived areas	This strategy will have a positive impact on people living in deprived areas People experiencing problems associate with alcohol and drug use are more likely to be experiencing health inequalities and live in deprived areas. Services are available in each Borders locality e.g. via GP clinics and/or drop-ins. CHIMES services are available based on Learning Community clusters. During COVID-19 services responded by offering digital/remote opportunities for accessing support. This requirement is likely to remain in place for some time. While this can be seen potentially as a positive development e.g. reduction in need to travel, for some people less able to access digital	Ensure service provision reduces barriers to access particularly in relation to COVID-19 response and move towards digital/remote appointments by ensuring there are alternative options available for those less able to use digital solutions. .

	responses e.g due to lack of connectivity or hardware this may be problematic. Commissioned services have accessed small grants during this time to enable provision of e.g. telephones and data credit	
Living in remote, rural and island locations	This strategy will have a positive impact on people living in remote and rural locations. Service are available in each Borders locality e.g via GP clinics and/or drop-ins. CHIMES services are available based on Learning Community clusters. During COVID-19 services responded by offering digital/remote opportunities for accessing support. This requirement is likely to remain in place for some time. While this can be seen potentially as a positive development e.g. reduction in need to travel, for some people less able to access digital responses e.g. due to lack of connectivity or hardware this may be problematic. Commissioned services have accessed small grants during this time to enable provision of e.g. telephones and data credit	Ensure service provision reduces barriers to access particularly in relation to COVID-19 response and move towards digital/remote appointments by ensuring there are alternative options available for those less able to use digital solutions. Continue to monitor referral route and sources of commissioned alcohol and drugs and Children and Young People's Leadership Group services to ensure fitting local need.
Discrimination/stigma	This strategy aims to reduce people experiencing discrimination/stigma in relation to their own or another's alcohol and/or drug use. Evidence of stigma experienced by people using alcohol and drugs impacts on likelihood of accessing services, by making this a key priority	ADP to continue to pursue a mechanism for meaningful lived experience in the work of the ADP.

	for the term of the strategy there is likely to be positive impact.	
Refugees and asylum seekers	No specific impacts in relation to this characteristic.	ADP members to ensure that any evidence or concerns for people in this group are brought to the attention of the ADP Board and services to ensure an appropriate response.

3. How will the policy impact on the causes of health inequalities?

The group identified the following potential impacts of the policy on the causes of health inequalities

Will the policy impact on?	Potential impacts and any particular groups affected	Recommendations to reduce or enhance such impacts
Income, employment and work • Availability and accessibility of work, paid**/ unpaid employment, wage levels**, job security.	This strategy will have a positive impact on this cause of health inequality. WAWY Re-integration Service employs an Employability Worker who helps support adults who have experience of alcohol and drugs problems to access support with e.g. CV writing, applications for college and jobs. Volunteering opportunities including peer workers are available.	ADP to continue to pursue a mechanism for meaningful lived experience in the work of the ADP.
The physical environment and local opportunities • Tobacco, alcohol and substance use.	ADP membership includes the convenor of the Licensing Board. The ADP produces a bi-annual Alcohol Profile which aims to support the Licensing Board by providing evidence to support decision making and inform development of future Licensing Policy Statement and supporting the Licensing	Continue to monitor alcohol license applications. Support engagement in communities via the Local Licensing Forum. Engage in any future consultations relating to licensing reform.

	Objectives: - Preventing crime and disorder - Securing public safety - Preventing public nuisance - Protecting children and young people from harm - Protecting and improving public health	
Education and learning	**n/a**	
Access to services • Availability of health and social care services, transport, housing, education, cultural and leisure services. • Ability to afford, access and navigate these services. • Quality of services provided and received.	This strategy will have a positive impact on this cause of health inequality. The development of the Assertive Engagement Service and locality drop-ins/Hubs remove barriers to alcohol and drugs services and allow potential for access to wider services e.g. sexual health, via these structures.	Continue to develop and evaluation the drop-in/Hub model.
Social, cultural and interpersonal • Social status. • Social norms and attitudes. • Tackling discrimination. • Community environment. • Fostering good relations. • Democratic engagement and representation. • Resilience and coping mechanisms.	This strategy will have a positive impact on this cause of health inequality by taking forward action to address stigma for people with alcohol and drugs problems.	ADP members and their constituent organisations to respond to national stigma strategy when published. Continue to produce ADP Bulletins, Annual Report and proactive media campaigns e.g. Festive Safety

4. Potential impacts on human rights

The group identified the following potential human rights impacts.

Articles	Potential impacts and any particular groups affected	Recommendations to reduce or enhance such impacts
The right to life (absolute right)	Yes. Evidence supporting alcohol and drug treatment as a protection factor in preventing drug related deaths. Provision of Take Home Naloxone (THN), implementing non-fatal overdose policy and harm reduction are evidence based in interventions to reduce drugs deaths.	Ensure implementation of Delivery Plan and examine and implement as appropriate and recommended interventions from emerging evidence.
The right not to be tortured or treated in an inhuman or degrading way (absolute right)	Yes. Evidence of stigma experienced by people using alcohol and drugs impacts on likelihood of accessing services, by making this a key priority for the term of the strategy there is likely to be positive impact.	ADP members and their constituent organisations to respond to national stigma strategy when published.
The right to liberty (limited right)	n/a	
The right to a fair trial (limited right)	n/a	
The right to respect for private and family life, home and correspondence (qualified right)	n/a	
The right to freedom of thought, belief and religion (qualified right)	n/a	
The right to freedom of expression (qualified right)	n/a	
The right not to be discriminated against	Yes. Evidence of stigma experienced by people using alcohol and drugs impacts on likelihood of accessing services, by making this a key priority for the term of the strategy there is likely to be positive impact.	Respond to national stigma strategy when published.
Any other rights relevant to this policy.	n/a	

5. Will there be any cumulative impacts as a result of the relationship between this policy and others?

The impact of this Strategy will be enhanced by implementation of: Community Justice Board Action Plan, Mental Health Strategy, Child Poverty Action Plan, CPP Strategic Plan, HSCP Strategic Plan and Integrated Children's Services Plan.

6. What sources of evidence have informed your impact assessment?

Evidence type	Evidence available	Gaps in evidence
Population data e.g. demographic profile, service uptake.	National Alcohol and Drug Profile http://www.scotpho.org.uk/ (site collates a variety of sources including– demographics, hospital admissions and mortality; prevalence, access to treatment). This data is used to produce an annual Technical Report to complement the ADP Annual Report. Borders Alcohol Profile https://www.scotborders.gov.uk/downloads/file/2739/alcohol_profile A quarterly report is presented to the ADP which includes service uptake; outcomes and key performance indicators.	Due to the demographics of Borders it is not possible to present data relating to each of the protected characteristics. The most recent publication of Borders specific SALSUS data in relation to alcohol and drug use in children and young people was last published in 2013. An updated publication is delayed by COVID-19.
Consultation and involvement findings e.g. any engagement with service users, local community, particular groups.	Prior to the development of this Strategy consultation work had previously taken place in relation to reduction in ADP Funding, additional funding was received in 2018-19 and additional	

	consultation was performed with people using services and with lived experience to inform decisions relating to the new funding. This strategy builds on the finding of above. Prior to developing the strategy we consulted with people with lived experience with the help of We Are With You and also via attendance with Serendipity Recovery Cafe members.	
Research e.g. good practice guidelines, service evaluations, literature reviews.	Rights Respect and Recovery – Scotland Alcohol and Drugs Treatment Strategy[10], Clinical care and prescribing is guided by the UK Department of Health's Drug misuse and dependence: UK guidelines on clinical management[11], LGBT in Britain – Health Report, Stonewall[12] , https://www.stonewall.org.uk/system/files/lgbt_in_britain_-_health_report_final.pdf LGBT in Britain – Trans Report[13] https://www.stonewall.org.uk/system/files/lgbt_in_britain_-_trans_report_final.pdf	
Participant knowledge e.g. experiences of working with different population groups, experiences of different policies.	Staff represented in the workshop include the Service Manager of We Are With You alcohol and drugs treatment and re-integration service; Health Improvement Equality Lead and Sexual Health Improvement Specialist; Head of Health Improvement and Strategic Lead ADP. This group therefore comprises expertise on alcohol and drugs service delivery; equality and diversity; young people; strategic policy development and implementation.	

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

[11] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/673978/clinical_guidelines_2017.pdf

[12] https://www.stonewall.org.uk/system/files/lgbt_in_britain_health.pdf

[13] https://www.stonewall.org.uk/system/files/lgbt_in_britain_-_trans_report_final.pdf

7. Summary of key impacts, research questions and evidence sources

The following is a summary of the key areas of impact identified at the workshop, some possible questions to address in order to understand these, and suggested evidence sources to answer these research questions.

This is not a definitive or necessarily complete list of research questions and some may turn out on further assessment not to be relevant. The list is put forward as a starter to inform the next stage of the impact assessment, and is likely to be amended by the steering group.

The work done to explore these questions should be proportionate to the expected benefits and potential to make changes as a result.

Evidence-informed recommendations are central to a robust impact assessment; however, 'evidence' to support the development of recommendations can be thought of more widely than just formal research. Furthermore, a lack of available robust evidence should not lead to the impact assessment process being delayed or stopping altogether. Often there is poor or insufficient evidence about the links between a proposal and health; there may, however, be plausible theoretical grounds to expect an impact.

Area of impact	Research questions	Possible evidence sources
n/a		

8. Who else needs to be consulted?

The group agreed that no additional stakeholders need be involved or consulted in the process.

9. Suggested initial recommendations

During the workshop participants identified some initial suggestions to improve the policy. Most of these will be informed by the suggested work to address the questions identified above. The suggestions are noted below but will need discussion and refinement by the steering group.

- Review any training needs of commissioned services as in relation to protected characteristics and inequalities
- Continue to monitor outcome and impacts of commissioned services
- Ensure services consider impact of any changing practice relating to COVID-10 response

10. Conclusions

During the HIIA Scoping Workshop the participants considered the potential impacts arising from implementing this policy. These potential impacts have been summarised above. As a result of this workshop we conclude (select the most appropriate conclusion).

- ❖ No major changes required to the policy

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