

Scottish Borders Community Planning Partnership

Meeting Date: 10 September 2020

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DRAFT ALCOHOL AND DRUGS PARTNERSHIP STRATEGIC PLAN REFRESH

Purpose of Report:	The purpose of this report is to: <ul style="list-style-type: none">• seek approval for the ADP Strategic Plan Refresh (Appendix 1) for 2020 onwards
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Recommendations:	The Community Planning Partnership is asked to: <i>a) Approve the Strategic Plan Refresh</i>
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Personnel:	Staffing is provided within the agreed resource.
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Carers:	A previous needs assessment for affected family members was carried out in 2019 and this informs the draft Strategic Plan Refresh.
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Equalities:	A Health Inequalities Impact Assessment is attached as Appendix 2.
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Financial:	<p>ADP funding from Scottish Government is contingent on delivery of Ministerial Priorities.</p> <p>There is no additional financial commitment assumed within the draft Strategic Plan Refresh.</p> <p>Although not funded by ADP budgets the NHS Borders Pharmacy budget for supervising dispensing of Opioid 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.</p>
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Legal:	N/A
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Risk Implications:	<p>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.</p> <p>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.</p> <p>If statutory agencies fail to prioritise this area of work outcomes may not be achieved.</p>
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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 CPP (Appendix 1).

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 ADP 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 the Community Planning Partnership approve the ADP Strategic Plan Refresh for 2020 onwards.

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 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 strategy¹ 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 strategy² 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

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/](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/>

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 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 strategies³ as outlined in Section 4 below and is a response to the national Partnership Delivery Framework for ADPs⁴.

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

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/>

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 2014⁵. 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.

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 issued⁷

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

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/>

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

⁷ RR&R Monitoring Framework available at: TBC

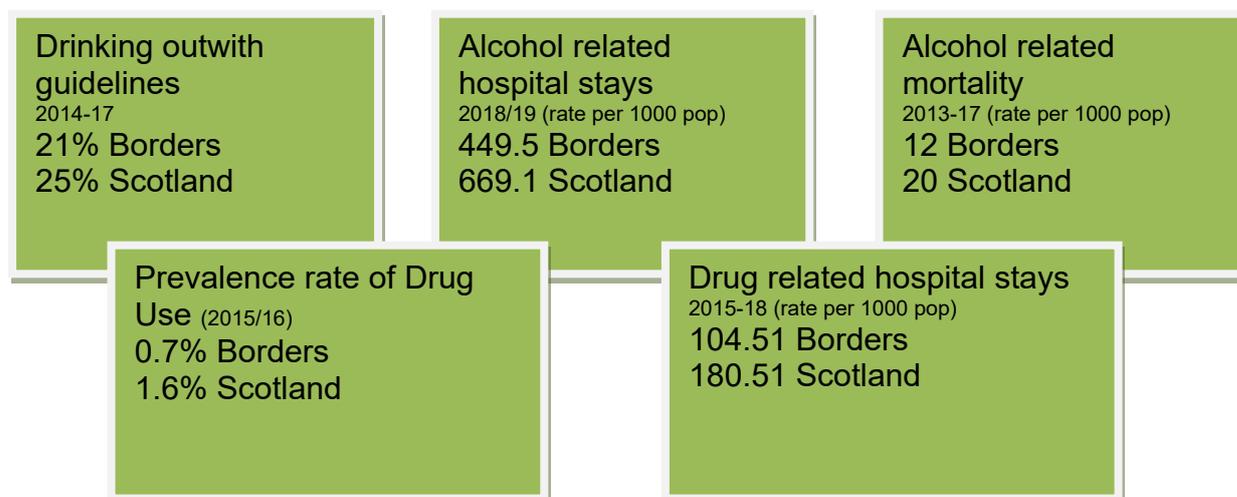
In addition to 'business as usual' the ADP and its Support Team was required to respond to each of these developments and/or changes, at a time when all partners continue to work in a landscape where public sector services are required to make year on year efficiency savings within increasingly constrained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



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

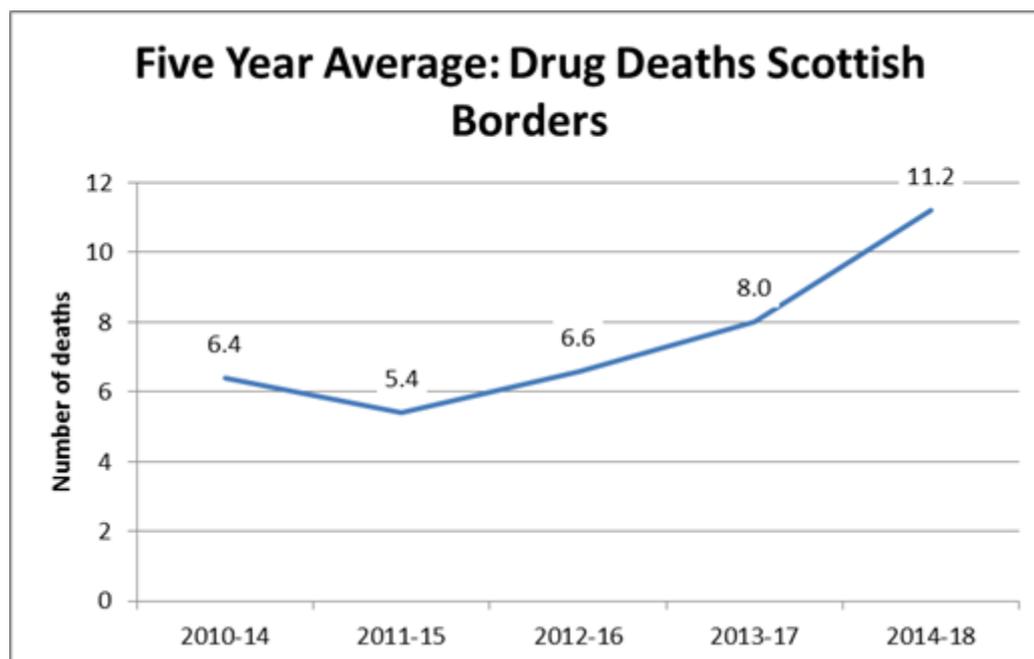
Significant concern has been raised locally and nationally about the increase in drug related deaths and the ADP is keen to report on local work to reduce deaths. Scotland's drug related deaths have continued to increase and reached 1,187 in 2018, the highest number ever recorded and a 27% increase on 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	<p>A local protocol is in place between Scottish Ambulance Service and Borders Addiction Service, however, referrals are low.</p> <p>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.</p> <p>Going forward this team will lead on developing improved alcohol and drug pathways for patients attending acute hospital.</p>
Optimise use of medication-assisted treatment (MAT) – this involves low barrier access to treatment (e.g. methadone); appropriate dose levels	<p>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).</p> <p>*Quarter 3 2019-20</p> <p>Going forward we will work towards implementing MAT Standards once published.</p>
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 report⁸ 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 (including carers), 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 of our most vulnerable people via printed and social media can compound the difficulties experienced.

Reducing stigma will be of benefit to individuals, families (including carers) 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 England⁹ 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

^{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

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 as 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 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 (e.g. people who have used substances, family members and carers) 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 Health Inequalities Impact Assessment Report

ADP Strategy Refresh – Reporting Template

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
<p>Age: older people; middle years; early years; children and young people.</p>	<p>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</p> <p>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</p>	<p>Continue to monitor outcomes of commissioned alcohol and drugs and Children and Young People’s Leadership Group services to ensure fitting local need.</p>

	<p>support for 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.</p> <p>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.</p> <p>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.</p>	<p>Explore new methods of delivery in response to impact of COVID on face to face learning</p> <p>Evaluation of SUE planned for 2020-21 school year. Seek opportunities to enable access to youth sector.</p> <p>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.</p>
<p>Disability: physical, sensory and learning impairment; mental health conditions; long-term medical conditions.</p>	<p>Overall this plan is positive for people with disability since it directly impacts on those individuals with substance misuse issues.</p>	

	<p>It is challenging to find any UK data relating 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.</p> <p>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.</p> <p>Strategy impact is positive for people with alcohol and drugs concerns who may attend ED with unrelated or related issues. Alcohol and Drugs Liaison Nurse works within acute hospital to support individuals and pathways.</p> <p>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.</p>	<p>Healthier Me delivery offers an opportunity to explore any support required by third sector learning disability providers to support concerns relating to alcohol and drug use.</p> <p>Take forward local work to examine ‘co-morbidity’ needs and responses in relation to substance use and mental ill-health.</p> <p>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</p> <p>Recommendation to scope additional resources for services staff re healthy eating, physical activity.</p>
<p>Gender Reassignment: people undergoing gender reassignment</p>	<p>Stigma is experienced by people using alcohol and drugs, however, the additional stigma experienced by trans people can further</p>	<p>Ensure services are sighted on emerging data.</p>

	compound people's avoidance of services. Although there is no dedicated service in Borders for LGBT alcohol and drugs issues, all services are available confidentially and all commissioned alcohol and drugs 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
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.

<p>Religion and belief: people with different religions or beliefs, or none.</p>	<p>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.</p>	<p>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.</p> <p>Service providers will ensure that clients' wishes to have appointments with a staff member of a specific gender will be fulfilled.</p>
<p>Sex: men; women; experience of gender-based violence.</p>	<p>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).</p> <p>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.</p> <p>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.</p> <p>WAWY facilitates a Women's Group.</p> <p>Services participate in MARAC meetings processes.</p>	<p>Continue to review staff training needs in relation to gender based concerns including briefing for Drug Death Review Group.</p>

<p>Sexual orientation: lesbian; gay; bisexual; heterosexual.</p>	<p>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.</p> <p>LGBT people have higher prevalence of alcohol and drug use than the population as a whole. Daily drinking in those aged 65 and over is significantly higher than the population as a whole.</p>	<p>Ensure services are sighted on emerging data. Services are required to have an Equality and Diversity policy.</p> <p>Recommendation to scope training needs in relation to LGBT, stigma, unconscious bias within alcohol and drugs services.</p> <p>Ensure the current project with LGBT Forum and Joint Health Improvement Team supporting health and wellbeing includes consideration of impact and support for people with alcohol and/or drug use concerns.</p>
<p>Looked after (incl. accommodated) children and young people</p>	<p>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.</p> <p>Alcohol and drugs services are sighted on and involved with the revised Public Protection Services developments.</p>	<p>Continue to maintain positive relationships exist between the Transitions Team and commissioned services. WAWY deliver bespoke sessions with transitions clients.</p> <p>ESTeam to continue to build networks and capacity with key services.</p>
<p>Carers: paid/unpaid, family members.</p>	<p>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</p>	<p>Continue to provide support for concerned others and maintain links with carers services.</p>

	<p>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.</p> <p>Serendipity Recovery Café is open to and accessed by family members.</p> <p>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.</p> <p>Borders Carers Centre works with impacted family members and has confirmed links with alcohol and drugs services.</p>	<p>Continue to promote SFAD information via appointment letters and other service literature.</p> <p>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.</p>
<p>Homelessness: people on the street; staying temporarily with friends/family; in hostels, B&Bs.</p>	<p>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.</p>	<p>Commissioned services continue to maintain positive relationships with homelessness services.</p> <p>ESTeam to continue to build networks and capacity with key services.</p>
<p>Involvement in the criminal justice system: offenders in prison/on probation, ex-offenders.</p>	<p>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.</p>	<p>Continue to maintain positive relationships with Justice Services.</p> <p>Borders Addiction Service to continue to explore support for people during and at liberation from HMP Edinburgh.</p>

	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.	
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.

<p>Low income</p>	<p>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.</p> <p>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.</p>	<p>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.</p>
<p>Low literacy / Health Literacy: includes poor understanding of health and health services as well as poor written language skills.</p>	<p>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.</p>	<p>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.</p>

	<p>All services will accept self-referral and also referrals from health professionals. Information about services is available on line.</p>	
<p>Living in deprived areas</p>	<p>This strategy will have a positive impact on people living in deprived areas</p> <p>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.</p> <p>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</p>	<p>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. .</p>
<p>Living in remote, rural and island locations</p>	<p>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</p>	<p>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</p>

	<p>are available based on Learning Community clusters.</p> <p>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</p>	<p>options available for those less able to use digital solutions.</p> <p>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.</p>
Discrimination/stigma	<p>This strategy aims to reduce people experiencing discrimination/stigma in relation to their own or another's alcohol and/or drug use.</p> <p>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.</p>	<p>ADP to continue to pursue a mechanism for meaningful lived experience in the work of the ADP.</p>
Refugees and asylum seekers	<p>No specific impacts in relation to this characteristic.</p>	<p>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.</p>

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
<p>Income, employment and work</p> <ul style="list-style-type: none"> • Availability and accessibility of work, paid/ unpaid employment, wage levels, job security. 	<p>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.</p>	<p>ADP to continue to pursue a mechanism for meaningful lived experience in the work of the ADP.</p>
<p>The physical environment and local opportunities</p> <ul style="list-style-type: none"> • Tobacco, alcohol and substance use. 	<p>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 Objectives:</p> <ul style="list-style-type: none"> - Preventing crime and disorder - Securing public safety - Preventing public nuisance - Protecting children and young people from harm - Protecting and improving public health 	<p>Continue to monitor alcohol license applications. Support engagement in communities via the Local Licensing Forum. Engage in any future consultations relating to licensing reform.</p>
<p>Education and learning</p>	<p>n/a</p>	

<p>Access to services</p> <ul style="list-style-type: none"> • 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. 	<p>This strategy will have a positive impact on this cause of health inequality.</p> <p>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.</p>	<p>Continue to develop and evaluation the drop-in/Hub model.</p>
<p>Social, cultural and interpersonal</p> <ul style="list-style-type: none"> • Social status. • Social norms and attitudes. • Tackling discrimination. • Community environment. • Fostering good relations. • Democratic engagement and representation. • Resilience and coping mechanisms. 	<p>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.</p>	<p>ADP members and their constituent organisations to respond to national stigma strategy when published.</p> <p>Continue to produce ADP Bulletins, Annual Report and proactive media campaigns e.g. Festive Safety</p>

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
<p>The right to life (absolute right)</p>	<p>Yes. Evidence supporting alcohol and drug treatment as a protection factor in preventing drug related deaths.</p> <p>Provision of Take Home Naloxone (THN), implementing non-fatal overdose policy and</p>	<p>Ensure implementation of Delivery Plan and examine and implement as appropriate and recommended interventions from emerging evidence.</p>

	harm reduction are evidence based in interventions to reduce drugs deaths.	
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
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<p>Population data e.g. demographic profile, service uptake.</p>	<p>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.</p> <p>Borders Alcohol Profile https://www.scotborders.gov.uk/downloads/file/2739/alcohol_profile</p> <p>A quarterly report is presented to the ADP which includes service uptake; outcomes and key performance indicators.</p>	<p>Due to the demographics of Borders it is not possible to present data relating to each of the protected characteristics.</p> <p>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.</p>
<p>Consultation and involvement findings e.g. any engagement with service users, local community, particular groups.</p>	<p>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.</p>	

<p>Research e.g. good practice guidelines, service evaluations, literature reviews.</p>	<p>Rights Respect and Recovery – Scotland Alcohol and Drugs Treatment Strategy¹⁰, Clinical care and prescribing is guided by the UK Department of Health’s Drug misuse and dependence: UK guidelines on clinical management¹¹, LGBT in Britain – Health Report, Stonewall¹² , https://www.stonewall.org.uk/system/files/lgbt_in_britain_-_health_report_final.pdf LGBT in Britain – Trans Report¹³ https://www.stonewall.org.uk/system/files/lgbt_in_britain_-_trans_report_final.pdf</p>	
<p>Participant knowledge e.g. experiences of working with different population groups, experiences of different policies.</p>	<p>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.</p>	

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

Fiona Doig, Head of Health Improvement/Strategic Lead ADP, NHS Borders