

*Scottish Borders Health & Social Care
Integration Joint Board*



Meeting Date: 16 December 2020

Report By:	Dr Tim Patterson, Director of Public Health
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ALCOHOL AND DRUGS PARTNERSHIP ANNUAL REPORT	
Purpose of Report:	<p>The purpose of this report is to:</p> <ul style="list-style-type: none"> • Update the IJB on the content of ADP Annual Report 2019-20 • Provide a brief update on current service activity
Recommendations:	<p>The Health & Social Care Integration Joint Board is asked to:</p> <p>a) Note the Annual Report and Update</p>
Personnel:	Staffing is provided within the agreed resource.
Carers:	A previous needs assessment for affected family members was carried out in 2019.
Equalities:	A Health Inequalities Impact Assessment was completed on the current ADP Strategy.
Financial:	ADP funding from Scottish Government is contingent on delivery of Ministerial Priorities.
Legal:	N/A
Risk Implications:	<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>

1 Background

Borders Alcohol and Drugs Partnerships (ADP) submitted its Annual Report 2019-20 to Scottish Government as required using the template provided. Completion of the template was supported by the ADP, commissioned alcohol and drugs services and a representative from Borders Recovery Community (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.

The template format has changed this year and reflects the monitoring framework in place to support the evaluation of Rights, Respect and Recovery, Scotland's alcohol and drugs strategy.¹ The guidance notes for the template confirm that it is not expected that ADP will have all options in place.

2 Assessment

The Annual Report shows positive progress in many of the reporting areas and highlights are presented below. There are some areas which the ADP will seek to improve in future work. There is a two year delivery plan in place which is monitored by the ADP Board.

The Annual Report also presents a Financial Framework (p21) outlining income and expenditure.

2.1 Highlighted areas

- b) Substance Use Education (p6; section 2.3) – A new substance use education resource (SUE) was launched in November 2019 in partnership with Education, Joint Health Improvement Team, Crew and Police Scotland. Staff briefings were provided across all clusters and high schools. Training for Early Years providers was delayed due to COVID but is now in progress.
- c) Reducing barriers to treatment: Assertive Engagement Service (ES Team) (p8; sections 3.2; 3.4)/prescribing – The ES Team was commissioned from April 2019 and supports both retention and active engagement in services for some of our most vulnerable clients. The staff team is employed by Borders Addiction Service and We Are With You. Pre Covid-19 the team supported the drop-in clinics and Eyemouth Hub. The service has received very positive feedback from clients and wider stakeholders.
Borders Addiction Service has also worked towards same day prescribing of Opioid Substitution Therapy (OST) e.g. methadone and is currently increasing the availability of new methods of OST delivery.
- d) Support for children impacted by parental substance use (CAPSM) (p16; section 4.5) – A new CAPSM link worker service was commissioned from April 2019 and works closely with Children and Families Social Work to provide support to CAPSM children, parents, expectant mothers and carers. The service has received very positive feedback from clients and wider stakeholders.

¹ <https://www.gov.scot/publications/rights-respect-recovery/>

2.2 Areas for improvement

- Involvement of lived experience (p10: section 3.9) – The 2020-2023 ADP Strategy Refresh highlighted the need to improve the involvement of people with lived experience. Pre Covid-19 positive meetings were held with people with lived experience and we are now restarting this work and the group reconvened on 1 December 2020.
- Joint protocols for people with concurrent alcohol and drugs and mental health problems (p12: section 3.14) - The 2020-2023 ADP Strategy Refresh highlighted the need to improve the involvement of people with lived experience and this is a piece of work to be progressed in partnership with the ES Team and wider Mental Health Services
- Alcohol Related Deaths (p14; section 3.20) – at the moment there are no arrangements in place to routinely review all alcohol related deaths. Alcohol Focus Scotland has produced a toolkit for ADPs to consider for this process. AFS will be invited to an ADP Board meeting in early 2020 to support local considerations.

3 Update on service activity during COVID

The IJB will wish to note that all commissioned services (Borders Addiction Service, We Are With You, Action for Children Chimes Service) continued to accept referrals and, where required, provide face-to-face appointments for individuals including same day prescribing of Opioid Substitution Therapy (OST).

Recovery activities (e.g. Mutual Aid Partnership Groups; Creative Writing Group) continue to be delivered online.

Referrals dropped during 'lockdown' but have been increasing over recent months although they are not yet at pre Covid-19 levels.

4 Preventing drug related deaths

Prevention of drug related deaths remains a priority for all ADP partners. The National Records of Scotland (NRS), January – December 2019 Drugs Deaths Report will be issued in December 2020. A Borders report will be duly submitted to CSOG thereafter.

Appendix 1 ALCOHOL AND DRUG PARTNERSHIP ANNUAL REVIEW 2019/20 (Borders)

- I. **Delivery progress**
- II. **Financial framework**

This form is designed to capture your **progress during the financial year 2019/20** against the Rights, Respect and Recovery strategy including the Drug Deaths Task Force emergency response paper and the Alcohol Framework 2018. We recognise that each ADP is on a journey of improvement and it is likely that further progress has been made since 2019/20. Please note that we have opted for a tick box approach for this annual review but want to emphasise that the options provided are for ease of completion and it is not expected that every ADP will have all options in place. We have also included open text questions where you can share details of progress in more detail. Please also ensure all sections in yellow are fully completed.

The data provided in this form will allow us to provide updates and assurance to Scottish Ministers around ADP delivery. The data will also be shared with Public Health Scotland (PHS) evaluation team to inform the monitoring and evaluation of rights, respect and recovery (MERRR). This data is due to be published in 2021.

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

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

The Scottish Government copy should be sent by **Wednesday 14th October 2020** to: alcoholanddrugdelivery@gov.scot

NAME OF ADP: Borders

Key contact:

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I. DELIVERY PROGRESS REPORT

1. Representation

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

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

1.2 What organisations are represented on the ADP and who was the chair during 2019/20?

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

Representation

The public sector:

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

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

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

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

Membership	N
Papers and minutes of meetings	N

Annual reports/reviews	Y
Strategic plan	Y

<http://www.nhsborders.scot.nhs.uk/badp>

1.4 How many times did the ADP executive/ oversight group meet during 2019/20?
The ADP Board met 4 times (one joint meeting with Executive Group). The Executive Group met an additional 4 times.

2. Education and Prevention

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

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

Leaflets/ take home information	Y
Posters	N
Website/ social media	Y

<http://www.nhsborders.scot.nhs.uk/badp>

Accessible formats (e.g. in different languages)	Available on demand
Please provide details.....	
Other	<input type="checkbox"/>
Please provide details.....	

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

Count 14 campaign: activities carried out included table top displays set up in both Borders General Hospital and Scottish Borders Council Headquarters. Plasma screens provided information in general public areas of hospital and also staff dining area. Promoted via twitter, facebook and a media release issued.

Additional press releases in relation to FASD and Dry January.

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

A new online package of resources was launched on 7th November 2019 for teachers across Scottish Borders School (Primary and Secondary) on drugs, alcohol and tobacco education and prevention. This partnership work was led by Education, Joint Health Improvement Team and ADP Support Team.

Alongside programme leads, a short life working group was established with partners from Primary and Secondary Schools, Crew and Police Scotland. The aim of the working group was to review current resources, develop and implement a robust evidenced based programme which will be delivered in a timely approach across all Scottish Borders schools.

Staff briefings were held across all clusters and high schools to introduce the new SUE (Substance Use Education) resource.

Oh Lila training was commissioned. The intention was to deliver this to staff from all early years providers. The schedule commenced in February, however, March sessions were not delivered due to COVID.

In addition the following workforce development opportunities were delivered: Drug Trends (Crew); CAPSM briefing (ADP partners); Introduction to Drugs and Alcohol Services (ADP commissioned services); ABI (Borders Addiction Service)

2.4 Was the ADP represented at the Alcohol Licensing Forum?

Yes X
No

Please provide details (max 300 words)

The ADP Co-ordinator represents Public Health on the Local Licensing Forum. The Forum hosted a visit from AFS to review production of Licensing Boards' Annual Functions Reports, new policy statements, update on Licensing Act Guidance and review of LLF's. Our LLF noted that a national review of forums was required.

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

All -
Most -
Some X
None -

Please provide details (max 300 words)

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

3. RRR Treatment and Recovery - Eight point plan

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

3.1 During 2019/20 was there an Immediate Response Pathway for Non-fatal Overdose in place?

Yes -
No -
In development X

Please give details of developments (max 300 words)

A local protocol between SAS, NHS Borders Addiction Service and Accident and Emergency was put in place in 2019. However, this has not successfully resulted in sharing of details by SAS and further work is required to fully implement the pathway.

We have raised our local frustration at the lack of a national approach to this issue via the Drug Death Task Force and the ongoing delay to local implementation.

3.2 Please provide details on the process for rapid re-engagement in alcohol and/or drug services following a period of absence, particularly for those at risk 19/20 (max 300 words).

The ES Team will accept referrals from the core team in both BAS and Addaction(now We Are With You) (A/WAWY) for people who have missed appointment, pharmacy pick-ups or have not engaged since original referral. These referrals also will come from the Substance Liaison Service in the acute hospital. The ES Team will make additional attempts to engage with individuals via phone or face-to-face visits. The drop-in clinics have shown to be a helpful route to sustaining engagement.

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

Same day prescribing of OST	Y
Methadone	Y
Buprenorphine and naloxone combined (Suboxone)	Y
Buprenorphine sublingual	Y
Buprenorphine depot	Y
Diamorphine	N
Other non-opioid based treatment options	N

Other:
Espranor buprenorphine oral; a small number people are on existing dihydrocodeine prescriptions on admission to service

3.4 What measures were introduced to improve access to alcohol and/or drug treatment and support services during the year, particularly for those at risk 19/20 (max 300 words).

A new Assertive Engagement Team (ES Team) was commissioned by the ADP with staff from both NHS and Third Sector to both improve access to service and support those in service. This is for both alcohol and drug clients.

The ES Team has worked alongside the Core Teams in both services to identify people who have dropped out or are at risk of dropping out of service and have also supported joint 'drop-in' clinics and the Eyemouth Hub to enable low threshold access to treatment services.

Drop-in attendance is available without appointments and, as well as treatment, people can access harm reduction advice, social space and food (donated by local businesses).

Borders Addiction Service (BAS) has developed same day access to medical staff and nurse prescribers on site at their premises and has successfully implemented same day prescribing where safe including for people accessing the drop-ins.

A/WAWY and BAS deliver a First Steps harm reduction group to support people currently unable to access structured treatment.

ES Team provide additional support (e.g. transport) for clients who are facing additional barriers to attendance as well as more holistic support such as access to welfare benefits advice, liaison with other services.

The Eyemouth Hub is funded through Scottish Government Challenge Funding.

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

Fibro scanning	N
Alcohol related cognitive screening (e.g. for ARBD)	Y
Community alcohol detox	Y
Inpatient alcohol detox	Y
Alcohol hospital liaison	Y
Access to alcohol medication (Antabuse, Acamprase etc.)	Y
Arrangements for the delivery of alcohol brief interventions in all priority settings	Y
Arrangements of the delivery of ABIs in non-priority settings	Y
Other	<input type="checkbox"/> Please provide details.....

People engage in effective high quality treatment and recovery services

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

	<i>Adult Services</i>	<i>Children and Family Services</i>
Third sector	Y	Y
Public sector	Y	n/a
Other	n/a	n/a

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

- Third Sector Adult – ADP quarterly monitoring meetings are in place based on Service Specification. Service registered with Care Inspectorate – last inspection was in June 2018
- Third Sector Children and families – ADP quarterly monitoring meetings are in place based on Service Specification. Internal safeguarding audits on case-files are carried out quarterly by senior managers. This service is jointly commissioned with the local Children’s Planning Partnership and performance is reviewed by the Commissioning Sub-Group which includes meeting with young people using the service.
- Public Sector Adult – ADP quarterly monitoring meetings are in place based on Service Specification.

Local and senior managers from all commissioned services attend quarterly Quality Principles meeting. During 2019-20 examples of work progressed by the group included staff training audit based on LPASS report and subsequent training plan.

Data and feedback from monitoring meetings is included in the quarterly ADP Performance Report which is presented to our ADP Board.

3.7 Were there pathways for people to access residential rehabilitation in your area in 2019/20?

Yes X
No

Please give details below (including referral and assessment process) (max 300 words)

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

3.8 How many people started a residential rehab placement during 2019/20? (if possible, please provide a gender breakdown)
Two females.

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

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

For people with lived experience :

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

Please provide additional information (optional)

A/AWAY staff member, in partnership with Borders Recovery Community, supported a Recovery Planning group to plan logistics, fundraising and attendance at the Inverness Recovery Walk in 2019.

During 2019-20 the ADP convened two meetings to discuss how to develop lived experience (including family members) involvement in ADP planning. These meetings were positive but the most recent one was in February 2020 and this work has been paused since and only now does the timing feel right to recommence.

In addition focus groups were held with people with lived experience at service premises and Recovery Café to support development of the ADP Strategic Plan.

For family members:

Feedback/ complaints process	Y
Questionnaires/ surveys	Y
Focus groups	None specific
Lived/living experience group/ forum	N
Board Representation within services	N
Board Representation at ADP	N
Other	

Please provide additional information (optional)

Family members were included in all meetings outlined above.

3.10 Had the involvement of people with lived/ living experience, including that of family members, changed over the course of the 2019/20 financial year?

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

Please give details of any changes (max 300 words)

While we have involved and listened to people in, for example, developing our strategy, feedback on services there is currently no formal structure for involvement of lived/living experience within the strategic planning processes for Borders ADP and this is a key priority for us to develop.

We are grateful for the contributions that people have made to date, for example, via focus groups and initial discussion meetings and their generosity of time, for example, presenting the Inverness Recovery Walk video to the ADP.

Within A/WAWY there has been greater involvement in feedback and planning.

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

Yes X

No -

Please give details below (max 300 words)

Volunteering opportunities are in place in A/WAWY including co-facilitation of groups.

All services take a positive approach to employing people with lived/living experience although there are no posts which are specified in this way.

People access interventions to reduce drug related harm

3.12 Which of these settings offered the following to the public during 2019/20? (mark all that apply)

<i>Setting:</i>	<i>Supply Naloxone</i>	<i>Hep C Testing</i>	<i>IEP Provision</i>	<i>Wound care</i>
Drug services Council	n/a	n/a	n/a	n/a
Drug Services NHS	Y	Y	Y	Y
Drug services 3rd Sector	Y	Y	Y	Y
Homelessness services	N	N	N	N
Peer-led initiatives	n/a	n/a	n/a	n/a
Community pharmacies	Y	N	Y	N
GPs	N	N	N	Y
A&E Departments	Y	N	N	Y
Women's support services	N	N	N	N
Family support services	N	N	N	N
Mental health services	N	N	N	N
Justice services	N	N	N	N
Mobile / outreach services	Y	Y	Y	Y
Other ... (please detail)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

We note that prior to Lord Advocate's letter it would not be possible to supply naloxone in many of these settings during 2019-20

A person-centred approach is developed

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

Fully embedded -
Partially embedded X
Not embedded -

Please provide details (max 300 words)

Commissioned services in Borders take a proactive and innovative approach to delivering ROSC and have developed new initiatives and ways of working (e.g. Eyemouth Hub, drop-in clinics, Harm Reduction support and third sector referral into APTT).

Programme for Government funding allowed commissioning of services to address gaps identified by stakeholders: family support, recovery, assertive engagement. During consultation to develop the 2020-23 ADP Strategy Refresh people with lived experience fed back their experience of more joined up work between our services negating the need to 'tell our stories over and over again'.

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

However, we have identified in our 2020-23 Strategy Refresh an ongoing need to ensure the wider system (e.g. wider services, stigma) supports our ROSC and we also need to improve our representation of lived experience.

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

Yes -
No X

Please provide details (max 300 words)

While there are no formal protocols in place it is the case that the Borders Addiction Service is housed within NHS Borders Mental Health directorate so there is ready opportunity for liaison. This liaison is enhanced by the fact that the Consultant in Addictions Psychiatry in BAS is also a member of the Community Mental Health Team. Likewise the BAS Operation Manager also has responsibility for the Mental Health Rehabilitation Service.

BAS hosts a small Addictions Psychology Therapies Team. Third sector alcohol and drugs services are able to directly refer into this team.

The recovery community achieves its potential

3.15 Were there active recovery communities in your area during the year 2019/20?

Yes Y

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

Yes Y

3.17 Please provide a short description of the recovery communities in your area during the year 2019/20 and how they have been supported (max 300 words)

SCRN and the Borders Recovery Community have delivered a fortnightly recovery café evenings in 2019-20 as well as being contactable for individuals via social media and telephones. The Committee have ambitious plans to extend their offer and have been successful in obtaining funding from a variety of sources.

The ADP Strategic Lead meets with the SRCN Lead/Chair to discuss plans and support, for example, printing or logistics costs.

SCRN hosted a series of conversation cafes in relation to the Hard Edges Report and co-hosted a very well attended Christmas Party in partnership with A/WAWY.

During 2019-20 a Recovery Engagement Worker Service was developed in A/WAWY which aimed to support development of both recovery opportunities and be an asset for the recovery community. A joint meeting between SRC, the Engagement Worker and SRCN Lead/Chair helped build agreement about how to work effectively in partnership – where appropriate – while recognising the potential tensions that could arise between the community and services.

A trauma-informed approach is developed

3.18 During 2019/20 have services adopted a trauma-informed approach?

All services	-
The majority of services	Y
Some services	-
No services	-

Please provide a summary of progress (max 300 words)

For some time now the Addiction Psychological Therapies Team (APTT) in BAS has accepted self-referrals from third sector agencies (A/WAWY and CHIMES) as well as from within BAS. This therapeutic work often addresses underlying trauma issues or the present-day impact of past trauma.

In addition to this direct trauma-based work, this was built on in 2019-20 where services undertook an audit based on the LPASS report which outlined training needs with regard to psychosocial interventions which promote engagement (Motivational Interview), build resilience and psychosocial strategies (Core Skills in CBT for Relapse Prevention) and which build trauma awareness. APTT supported development of a training plan to meet these needs to include trauma informed work, some of which is maintained through regular Core Skills coaching sessions provided by APTT. APTT also delivered a talk regarding trauma and addiction to the Freedom to Change event in October 2019 for family members affected by substances as well as the wider recovery community.

Whiles the examples above, as well as the establishment of the ES Team and locality hubs all help to embody trauma-informed principles such as choice, empowerment and collaboration we will be scoping more detailed work to fully assess how trauma informed our services currently are and to then design and deliver a plan which can enable services to systematically and consistently embed a trauma informed approach.

An intelligence-led approach future-proofs delivery

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

Alcohol harms group	N
Drug death review group	Y
Drug trend monitoring group	Y
Other	n/a

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

There are no formal arrangements to undertake alcohol related deaths specifically. However, any death in service (e.g. NHS or third sector) is subject to a significant death review and lessons learned applied to that service.

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

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

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

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

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

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

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

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

Yes -
No X

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

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

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

Yes X
No -

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

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

As well as emotional support for resilience, children can also access group work including first aid and lifeskills. The service will work with parents (or the substance using family member) to help understanding and mitigation of the impacts on the child including emotional and behavioural development. This can also include some work to support wider treatment goals e.g. relapse preventions.

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

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

Yes X
No -

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

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

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

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

4.4 Did services for children and young people, with alcohol and/or drugs problems, change in the 2019/20 financial year?

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

Please provide additional information (max 300 words)

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

4.5 Did services for children and young people, affected by alcohol and/or drug problems of a parent / carer or other adult, change in the 2019/20 financial year?

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

Please provide additional information (max 300 words)

Programme for Government funding allowed for commissioning of additional CAPSM Link Workers to work closely resource to work more closely with families with higher levels of need. The Link Workers provide a service to CAPSM children (up to age 18), parents, expectant mothers and (usually kinship) carers as well as raising awareness of the impact of alcohol and drug use on children and develop understanding of resilience and the protective factors that may help the children and the family with practitioners. The Link Workers work closely with Children and Families Social Work Duty Team and Long Term service and takes a whole family approach. The caseload reflects more in-depth and complex issues around public protection (e.g. child protection, vulnerable young people, domestic violence, custody and housing issues).

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

Yes -
 No X

Please provide details (max 300 words)

A/WAWY provides one to one and group support for impacted adult family members based on the Craft programme. The service also provides accommodation for a peer support group.

4.7 Did services for adult family members change in the 2019/20 financial year?

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

Please provide additional information (max 300 words)

In 2019-20 the findings of a Families Needs Assessment were presented by SFAD to the ADP and then followed up by a Stakeholder Event to test the findings. The Stakeholder Event was positively received, improved networking and was enhanced by the contribution of people with lived experience.

Arising from one of the recommendations a 'Freedom to change' event was hosted by Galashiels Learning Community in partnership with SFAD, A/WAWY and Borders Recovery Community. This community event allowed people to come together to discuss the findings and how to generate a community based support and allowed people to make positive connections.

Following completion of the assessment additional learning opportunities were scheduled and will also be within the ADP Workforce Development calendar for 2020-21.

Although there was not an additional service commissioned in response to the needs assessment it was helpful in informing the ADP and services of the needs of families and addressing some areas where practice or knowledge might be improved.

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

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

Please provide additional information (max 300 words)

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

5. A Public Health Approach to Justice

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

No prison in ADP area X

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

Information sharing X
 Providing advice/ guidance X
 Coordinating activities -
 Joint funding of activities -
 Other n/a

Please provide details (max 300 words)

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

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

The services Group Manager sits on and contributes to the Drug Death Review Group.

The Manager participated in the Staying Alive in Scotland – Strategies event aimed at preventing drug related deaths on the borders in February 2020.

The Reconnect Women's programme is open to women across the borders. The CBT based work undertaken can be accessed on either a voluntary or court mandated bases. Drug and Alcohol support services have over the year, played a part in the sharing of keep safe and other support information to women as part of the programme delivery.

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

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

Information sharing X
 Providing advice/ guidance X
 Coordinating activities X
 Joint funding of activities -
 Other N/A

Please provide details (max 300 words)

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

ADP and Community Safety Manager contribute to the meetings of the East Arrest Referral Faculty. This is important for us as there is only one Custody Suite in Borders and people are often moved to other parts of the country with differing arrest referral providers operating in custody areas.

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

a) Upon arrest

An Arrest Referral scheme has been developed over the Lothian and Borders area. ABI's are performed in the one Custody Suite in Borders.

b) Upon release from prison

Voluntary Throughcare

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

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

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

6. Equalities

Please give details of any specific services or interventions which were undertaken during 2019/20 to support the following equalities groups:
6.1 Older people (<i>please note that C&YP is asked separately in section 4 above</i>) No specific intervention
6.2 People with physical disabilities No specific intervention
6.3 People with sensory impairments No specific intervention
6.4 People with learning difficulties / cognitive impairments No specific intervention
6.5 LGBTQ+ communities No specific intervention
6.6 Minority ethnic communities No specific intervention
6.7 Religious communities No specific intervention
6.8 Women and girls (including pregnancy and maternity) ABI's are delivered by midwives in antenatal settings and by health visitors. CHIMES can provide support to pregnant women. Two Foetal Alcohol Syndrome training sessions were delivered with 40 participants attending.

II. FINANCIAL FRAMEWORK 2019/20

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

A) Total Income from all sources

Funding Source (If a breakdown is not possible please show as a total)	£
Scottish Government funding via NHS Board baseline allocation to Integration Authority	1,049,582
2019/20 Programme for Government Funding	58,400
Additional funding from Integration Authority	0
Funding from Local Authority	205,833
Funding from NHS Board	658,184
Total funding from other sources not detailed above	31,000
Carry forwards	341,000
Other	0
Total	2,343,999

B) Total Expenditure from sources

	£
Prevention including educational inputs, licensing objectives, Alcohol Brief Interventions	40,875
Community based treatment and recovery services for adults	1,749,128
Inpatient detox services	Note ¹
Residential rehabilitation services	20,507
Recovery community initiatives	1,000
Advocacy Services	5,000
Services for families affected by alcohol and drug use	Note ²
Alcohol and drug services specifically for children and young people – Chimes	251,341
Community treatment and support services specifically for people in the justice system	48,636
Other	177,050
Total	2,293,537

¹It is not possible to disaggregate the spend on inpatient detox from overall mental health spend

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

Plans for carry forward:

- Fixed term additional psychology hours
- Upgrade prescribing database
- Workforce development – training from SDF, Crew
- Logistics support to Recovery Community
- ABI LES

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

- Scottish Government funding via NHS Board baseline allocation to Integration Authority
- 2019/20 Programme for Government Funding

Yes X
No -

Please provide details (max 300 words)

The IJB delegates authority for spend to the ADP for the baseline allocation.

2019-20 Programme for Government Funding was agreed by IJB in February 2019.

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

Yes X
No -

Please provide details (max 300 words)

Children's Service is a joint commission with our local Partnership (Children and Young People's Leadership Group).

Development of the current suite of adult services was undertaken following an Investment Review process which was approved by ADP and NHS Borders,