

**Scottish Borders Health & Social Care  
Integration Joint Board**



Scottish Borders  
Health and Social Care  
PARTNERSHIP

**Meeting Date:** 21 September 2022

<b>Report By</b>	Keith Allan, Interim Director of Public Health, Interim Chair Alcohol and Drugs Partnership
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<b>ALCOHOL AND DRUGS PARTNERSHIP (ADP) SELF ASSESSMENT</b>	
<b>Purpose of Report:</b>	To seek approval for submission of the ADP Self-Assessment to Scottish Government.
<b>Recommendations:</b>	The Health & Social Care Integration Joint Board is asked to: approve the report
<b>Personnel:</b>	Due to the nature of the Self Assessment there is no immediate impact on staffing.
<b>Carers:</b>	Due to the nature of the Self Assessment there is no immediate impact on Carers. The Self-Assessment has been ratified by the Lived Experience Forum representative to the ADP. The Lived Experience Forum is open to family members impacted by another's alcohol and/or drug use.
<b>Equalities:</b>	An EQIA is not required as part of the Self Assessment. A Health Inequalities Impact Assessment was undertaken for the ADP Strategy.
<b>Financial:</b>	Due to the nature of the Self Assessment there is no immediate impact on ADP Finances, however, it is an expectation of Scottish Government funding that ADPs deliver on Ministerial priorities.
<b>Legal:</b>	n/a
<b>Risk Implications:</b>	n/a
<b>Direction</b>	No Direction required

## 1 Situation

1.1 This paper presents the completed Self Assessment for Borders ADP (Appendix 1). The purpose of the Self Assessment is to assess progress in ADPs and partners in implementing the Scottish Government's and Convention of Local Authorities (COSLA) Partnership Delivery Framework (PDF) for ADPs<sup>1</sup> and the subsequent recommendations published in August 2021 (Appendix 2).

## 2 Background

2.1 Scrutiny of ADP performance, governance and contribution of partners has increased since the development of the National Mission to reduce drug related deaths.

2.2 The PDF recommendations published in 2021 included an expectation that ADPs undertake a Self Assessment. It is anticipated that independent validation of Self Assessments may be undertaken the Care Inspectorate or Health Improvement Scotland and we await further clarification of this process.

2.3 Supporting documentation from Scottish Government colleagues to implement the updated recommendations was expected from February 2022 onwards and expected to include a template for self-assessment. The Self Assessment template was issued on 30.6.22 for return by 19.9.22 following sign-off by a range of senior colleagues. In order that colleagues are suitably sighted on the Self Assessment it was agreed locally to submit following discussion and approval at the Integration Board meeting on 21.9.22.

## 3 Assessment

3.1 There are five Quality Standards against which ADPs must assess their local performance using the following definitions:

- Maintain: We are confident that we are demonstrating this standard. We have evidence to support this, including stakeholder confirmation and need to maintain this focus over time.
- Explore: We currently partly demonstrate this standard and may need further development
- Develop: We do not fully demonstrate this standard currently and need to develop / discuss this further.

3.2 Each standard (except standard 5) have multiple elements. For each Quality Standard there are criteria to support the Self-Assessment. In order to assist with reading the Self Assessment these criteria are copied in italics into the body of the document for each relevant

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<sup>1</sup> <https://www.gov.scot/publications/partnership-delivery-framework-reduce-use-harm-alcohol-drugs/documents/>

item, for example, for Quality Standard 1, element 1.1. Transparency and Effectiveness the following criteria are included:

*The strategic plan is agreed by the ADP etc*

ADPs are also expected to complete the following questions for each of the Quality Standards:

- How do we know this?
- What do we want to maintain, improve or change and how will you do it and by when?
- Any further comments.

3.3 The Self-Assessment has been agreed at the most recent ADP Board and the majority of elements within the Quality Standards have been assessed as 'Maintain' or 'Explore', however, there are two elements for which we will submit an assessment of 'Develop'. These areas for development are presented below.

3.4 Areas for development:

#### 3.41 *Section One – Strategic Planning*

'Quality Standard 1: The ADP has a Strategic Plan for delivery of identified outcomes.'

In this standard item 1.4 – Needs Assessment is assessed as 'develop'. It is an expectation that ADPs undertake a review of alcohol deaths in the lifetime of the current strategy. This was scheduled to commence in early 2022 but was postponed when the staff member became unavailable. Attempts have been made to engage support via the national programme for Specialist Registrars in Public Health. There has not been immediate interest but we are revisiting this option.

3.42 The changes in national expectations have resulted in significant additional pressures on the ADP Support Team leading to a situation where there is no capacity to commence this work within this current reporting period.

#### 3.43 *Section Five: The relationship between the ADP and the Integration Authority*

'Quality Standard 5: The work of the Integration Authority and the ADP is aligned and the Integration Authority is able to provide Directions to partners in support of the ADP Strategic Plan.' There is only one element in this standard namely 5.1 – Alignment and Governance. Currently the ADP Annual Report is presented to the IJB following its approval by the Chief Officer and submission to Scottish Government. The Self Assessment outlines additional expectations which are not currently in place locally including regular performance reporting and an expectation that there is a written policy in place on how decisions and directions are managed for services out-with the scope of the Integration Authority (e.g. children's services, police, housing).

3.5 'how do we know' and 'what do we want to improve'

The Self Assessment also includes the opportunity to outline 'how we know', 'what we want to improve' and any further comments. There are a number of areas to which it would be helpful to draw the attention of IJB members to ensure members are appropriately sighted on ongoing work or concerns.

### 3.51 Section One – Strategic Planning

*Quality Standard 1: The ADP has a Strategic Plan for delivery of identified outcomes.*

The ADP has noted, in relation to item 1.4, that there has not been a recent consultation with the wider community. A service evaluation was completed in 2021-22 involving people with living/living experience and staff in alcohol and drug services, however, this did not include family members or more general consultation.

3.52 Within this standard the ADP has identified the need to have influence in the revision of strategic planning in relation to the overarching priorities for whole family wellbeing; the Promise and integrated children's services planning. This is being led outwith the ADP and is expected to be completed by end March 2023.

3.53 The ADP has noted that it would like to do better in terms of a more up to date needs assessment and an alcohol deaths audit and has noted that the requirement for ongoing reporting in relation to specific priorities (e.g. Medicine Assisted Treatment standards) are challenging to existing capacity.

3.54 The ADP has noted here and in other comments that it would welcome timely information in relation to the anticipated supporting documents for the Partnership Delivery Framework recommendations..

### 3.55 Section 2: Financial Governance

*Quality Standard 2: The ADP can demonstrate public money is used to maximum benefit to deliver measurable outcomes for the local population in delivery of its Strategic Plan*

In relation to item 2.5 - Financial planning the ADP has noted that at a local level it is challenging to increase investment over time since additional funding to ADPs (in line with other areas) is currently directed towards treatment services to the apparent exclusion of infrastructure and earlier interventions.

3.56 The ADP has also commented that while it is confident there are robust financial arrangements in place this not aligned with Scottish Government expectations within the PDF. Currently the ADP is supported via NHS Borders Finance colleagues, however, the PDF recommends this role is undertaken by the IJB Finance Officer.

### 3.6 Summary

Borders ADP continues to perform well. There are areas for improvement highlighted within the Self Assessment and further discussions are required with regards to governance and relationship with the IJB.

3.7 The pace and scale of demands from the National Mission are challenging in terms of ensuring timely briefing of senior colleagues and on the capacity in the ADP Support Team and services.

3.8 The ADP has agreed that it will be valuable to participate in a development session to set the vision for ADP performance and governance following appointment of a new Chair following the Director of Public Health retiring in August 2022.

## 4 Recommendation

It is recommended that the IJB:

- Approves the Self Assessment for submission
- Notes the areas for development

Appendix 1      **Borders ADP Self-Assessment**

**ANNEX A**

**IMPROVING GOVERNANCE AND ACCOUNTABILITY ARRANGEMENTS WITHIN ALCOHOL AND DRUG PARTNERSHIPS: SELF ASSESSMENT TOOL**

**Alcohol and Drug Partnerships  
Partnership Delivery Framework**

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**Self Assessment Tool**

30 June 2022

# Introduction to the Self Assessment Tool

This Self Assessment Tool has been developed to support Alcohol and Drug Partnerships to deliver the Partnership Delivery Framework, Rights Respect and Recovery and the National Mission to Reduce Drug Deaths and Improve Lives.

The Scottish Government and COSLA coproduced the [Partnership Delivery Framework for Alcohol and Drug Partnerships](#) which was published in 2019. It sets out the expectations for the role of Alcohol and Drug Partnerships (ADPs)

## The purpose of the self-assessment

The purpose of the self-assessment is to give local ADPs a tool to engage and discuss opportunities and barriers to delivery.

Strategic Planning follows a cycle of

- Assessing need
- Aligning resources
- Agreeing delivery plans and priorities
- Reporting and learning from outcomes

ADPs are strategic planning partnerships that set out plans to delivery national and local priorities. To effectively deliver these priorities ADPs undertake strategic planning, formulate delivery plans and report outcomes. They do this on a partnership basis that aims to be inclusive and transparent with representation from stakeholders affected by alcohol and drug harms. Increasingly alcohol and drug harms are seen as a “whole system” issue and not just the realm of specialist drug and alcohol services.

ADPs are not Statutory Public Bodies, i.e. they are not “organisations” and therefore rely on the Integration Authority for financial governance and ratification of investment as well as performance oversight. Community Planning Partnerships hold the overall responsibility for population level outcomes set out in the National Outcomes Framework for Scotland and therefore provide ADPs with an overarching forum for reporting achievement of outcomes. Local areas will also have other strategic partnerships which are required in statute such as Children Service Boards, Community Justice Partnerships etc and it is important to ensure that there are strong links between ADPs and these partnerships.

The self-assessment is designed to help local stakeholders ensure that these key relationships are in place and that the local system is supporting the work of the ADP and vice versa. The self-assessment should be agreed and signed off with the relevant Chief Officers and stakeholders.

## **The Scottish Government use of the Self Assessment reports**

As stated, the self-assessment tool is for local stakeholders to ensure that they are creating the right conditions and operating environments for ADPs to function effectively. The Scottish Government will have oversight of the self-assessment reports and the information will be used to help develop programmes of support for local areas when required and will help facilitate peer discussions with ADPs about best practice and achievements. Where an ADP signals it would like further discussion or support in responding to local barriers, this will initially be provided through discussion with the ADP Liaison leads within the ADP Support Team in the Scottish Government.

## **External Validation**

ADPs are asked to assess their own ability to deliver against the Quality Standards and highlight any issues. At a future point the Scottish Government will seek to validate the self-assessment through a third-party organisation such as the Care Inspectorate or Health Improvement Scotland. On that basis, ADPs should complete the self-assessment from the perspective of “if an external person reviewed our approach would they find the same evidence we are presenting?”

## **How to complete the Self Assessment Tool**

The self-assessment should tell a story about where the local ADP and relevant partners are in relation to the Partnership Delivery Framework:

1. Strategic planning
2. Financial arrangements
3. Quality improvement and Outcomes



4. Governance and Oversight
5. The relationship between the ADP and the Integration Authority

A representative national working group agreed the following five standards in relation to the Partnership Delivery Framework. The five quality standards are:

- Quality Standard 1:** The ADP has a Strategic Plan for delivery of identified outcomes which ensures adequate alignment with other aligned strategic plans
- Quality Standard 2:** The ADP can demonstrate public money is used to maximum benefit to deliver measurable outcomes for the local population in delivery of the Strategic Plans
- Quality Standard 3:** The ADP can demonstrate Quality Improvement in delivery of outcomes
- Quality Standard 4:** The ADP can demonstrate appropriate Governance and Oversight in delivery of the Strategic Plan
- Quality Standard 5:** The work of the Integration Authority and the ADP is aligned and the Integration Authority is able to provide Directions to partners in support of the ADP Strategic Plan

## Structure of the Self Assessment Tool

The Self Assessment Tool should be completed in conjunction with the Self Assessment Criteria (Appendix 1 page 25-34). The criteria outline the minimum supporting evidence required to demonstrate the ADP is delivering and working in line with the Partnership Delivery Framework.

The first part of the Self Assessment asks ADPs to assess themselves against the Self Assessment Criteria and to map themselves against the Criteria using the definitions Maintain, Explore, Develop outlined in the table below.

	Definition
<b>Maintain</b>	

We are confident that we are demonstrating this standard. We have evidence to support this, including stakeholder confirmation and need to maintain this focus over time.	To meet this definition the ADP needs to be confident that it has policies and practice in place. ADP member's and senior stakeholders support this statement. The ADP has feedback processes in place and is confident that an external process could independently gather similar feedback locally. The ADP is confident in maintaining this standard as core practice.
<b>Explore</b>	
We currently partly demonstrate this standard and may need further development	The ADP feels it has some evidence to support the standard but isn't confident it is consistently maintained. The ADP and stakeholders feel there is room for improvement on some elements of the standard.
<b>Develop</b>	
We do not fully demonstrate this standard currently and need to develop / discuss this further.	The ADP is not confident it is achieving the standard. Further work is required to generate support for improvement or progress

The self-assessment then asks the ADP to demonstrate their assessment with narrative in line with the headings of:

1. How effective is the ADP in respect of this area?
2. How do you know this?
3. How will you do it and by when?

For each of the elements described above, please outline in no more than 250 each what you need to maintain, improve or do differently and provide a timeframe for these to be implemented.

Please be open and honest in your response and consider the self-assessment in collaboration with relevant stakeholders, including local communities, children, young people and families. This will provide opportunities to:

- review what progress has been made and what development and learning has happened
- provide assurance about the quality of delivery
- highlight areas of good practice for sharing
- highlight areas for improvement and levels of priority

Those completing the self-assessment are encouraged to use information from different sources to triangulate evidence of the quality of service delivery.

The completed Self Assessment should focus on outcomes rather than activities. This could include a description of the impact of changes or improvement activities on the delivery or information on how potential impact is being monitored.

# The Self Assessment Tool

## ADP area: Borders

Please use the box below to highlight relevant contextual and background information about the ADP including:

-Population data for context

-Outlining Governance and accountability arrangements (particularly in relation to ADP, Community Planning Partnership, Integration Joint Boards and Chief Officer Groups)

-Links to other local statutory plans/partnerships (and how they link to local delivery) e.g. what links / role does the ADP have in relation to delivery of outcomes against their Local Outcome Improvement Plan / Children's Services Plan

### Population data

**Drugs:** The most recent estimation for Borders was provided from the 2015-16 estimating prevalence report and shows a likely population of opiates/benzodiazepines drug users in Borders of 0.7% of population aged 15 – 64 (510) compared with 1.62% in Scotland. Nationally males represent 68.5% of the estimated population compared to 31.5% females, this is reflected in Borders. The population rate of drug related deaths is 18 per 100,000 in Borders compared to 22.9 in Scotland.

In 2019/20, there were 81 new people who were treated in the Borders (general acute hospital or psychiatric hospital) in relation to drug use for the first time. The drug-related new patient rate increased from 55 new patients per 100,000 population in 2006/07 (55 Scotland) to 86 new patients per 100,000 population in 2019/20 (103 Scotland).

**Alcohol:** According to Scottish Health Survey (2016/2017/2018/2019 combined), 24% of all adults (aged 16 and over) in Borders are drinking above low risk guidelines (14 units per week) which is the same as Scotland average. In Scottish Borders, nearly 1 in 3 men (31%) and more than 1 in 6 women (18%) were drinking at hazardous/harmful levels (2016/19).<sup>1</sup> Since 2002 – 2006 the rate of alcohol-specific deaths for Scottish Borders males and females has been relatively constant at 15 and 7 per 100,000, respectively. These rates have continuously been well below the Scottish average for males and females.

The rate of alcohol-related hospital admissions for the Scottish Borders has consistently been below the average for Scotland since 2002/03. In 2020/21 the rate of admissions per 100,000 people was 621 for Scotland, and 378 for the Scottish Borders, 40% less than the Scotland rate.

There is no recent Borders prevalence data for alcohol and drugs use in young people via SALSUS.

### Outlining Governance and accountability arrangements

The ADP has delegated authority from the IJB to set direction and deliver on national and local priorities. The Annual Report is presented to IJB, CPP and NHS Board. The Drug Deaths Annual Report from Borders Drug Deaths Review Group is presented at the Critical Services Oversight Group (CSOG) which is our local Chief Officer Group. CSOG also receives quarterly updates on the non-fatal overdose pathway and drug related deaths.

The ADP is representation on the Community Justice Board, Children and Young People's Leadership Group (our local Children's Planning Partnership) as well as the Violence Against Women Partnership, Child Protection Delivery Group and Adult Protection Delivery Group which are sub-groups of the Public Protection Committee. There are ADP deliverables and outcomes in the relevant plans of these groups.

## Section 1: Strategic Planning

### Quality Standard 1: The ADP has a Strategic Plan for delivery of identified outcomes

		Maintain	Explore	Develop
		We are confident that we are demonstrating this standard; we have evidence to support this, including stakeholder confirmation and need to maintain this focus overtime.	We currently partly demonstrate this standard and may need further development.	We do not fully demonstrate this standard currently and need to develop / discuss this further.
1.1	Transparency and Effectiveness		X	
1.2	Inclusion		X	
1.3	Planning Cycle	X		
1.4	Needs Assessment			X

1.5	Whole System Approach		X	
1.6	Resources and Delivery		X	
1.7	Outcomes	X		

## Q.How effective is your approach to Quality Standard 1?

### 1.1 Transparency and Effectiveness

- The strategic plan is agreed by the ADP*
- The strategic plan is published and publicly available*
- The ADP can demonstrate effective strategic linkage with other local partnership groups and local communities*
- The ADP can demonstrate examples of improvement activities and positive outcomes for the local population*
- The ADP can demonstrate evidence that Strategic Planning is safe, effective, compassionate and person-centred*

Our current Strategy is published on our ADP Website and was approved via ADP and IJB.

ADP represented on the following via ADP Support Team:

- Public protection: Adult Protection Delivery Group, Child Protection Delivery Group, Training and Development Group, Violence Against Women Partnership
- Children and Young People's Leadership Group and Commissioning Group (Chair)
- Community Justice Board
- Mental Health and Wellbeing Board and Mental Health Improvement and Suicide Prevention Steering Group

- MAT (Medication Assisted Treatment) Implementation Support Team Meetings
- Public Governance Meeting (NHS Borders)

ADP membership cross representation:

- Director of Public Health – NHS Board, IJB (non voting member)
- Director for Social Work Policy and Practice – PPC, IJB
- Lived Experience Forum representative - Lived Experience Forum
- Lead Officer Children and Families Social Work – CYPLG, Child Protection Delivery Group, Chair Community Justice Board, Chair Drug Death Review Group, Critical Service Oversight Group (local Chief Officers Group)
- Lead Officer Education – Children and Young People’s Leadership Group
- Convenor Licensing Board – Licensing Board
- General Manager Mental Health and Learning Disability – Mental Health and Wellbeing Forum, IJB
- Police Scotland Inspector – Critical Service Oversight Group (CSOG) (local Chief Officers’ Group)

Example of improvement activity: Non-fatal overdose pathway and links to CSOG; MAT 6 Corra funding application.

A representative from Borders Lived Experience Forum is a member of the ADP. The ADP Support Team attend the Forum and we have recently undertaken a service evaluation which has been shared with staff, people who have used services and the Forum.

## 1.2 Inclusion

- The ADP can describe how they engage with local communities*
- The ADP can demonstrate how any potential barriers to involvement or engagement are removed*
- The ADP strategic planning is inclusive of people affected by drug and alcohol harms and their family members, those who use*

*services, those who deliver services, and the local population*

- The ADP embeds equality impact assessment processes to understand the diverse needs of local populations and uses this information to inform pathways and provision in its strategic planning and ensure human rights are met*
- The ADP Strategy effectively aligns to other statutory plans / priorities on delivery in support to families in crisis or at risk of being in crisis as a result of drug / alcohol use (e.g. Child Protection, Adult Protection)*

The ADP Website is searchable on the internet and via the NHS Borders public website. Information relating to services and local publications (including our newsletter) are included on the site. In the last 12 months we have proactively issued three press releases.

Borders Lived Experience Forum met online while Covid-19 restrictions were in place. This now meets monthly and a member of the ADP Support Team attends each meeting. People with lived and living experience including family members are welcome to attend this meeting.

Scottish Drugs Forum (SDF) facilitates a Living Experience Group co-facilitated with a member of staff from adult services. SDF representative has provided informal feedback directly to ADP Support Team and services. A local Steering/Reference Group will be convened once the group is more fully established.

A recent service evaluation was carried out by SDF and included feedback from staff and people who had used services within the previous 12 months. An action plan arising from the recommendations was developed and shared across services for staff and people who use services and presented to our Lived Experience Forum.

A Health Inequalities Impact Assessment was developed for our most recent strategic plan.

The ADP Strategy is aligned to the Children's Plan and the Community Justice Plan. ADP is represented at strategic and tactical level across Public Protection structures.

The ADP Support Team represents Public Health on the Local Licensing Forum.



We have not consulted more widely to members of the general public in recent times.

### 1.3 Planning Cycle

#### Planning Cycle

- The ADP can demonstrate that it delivers in line with a strategic cycle for planning which includes: needs assessment, delivery, commissioning, review and reporting of outcomes / progress*
- ADP Strategic Planning is based on population health approaches and includes primary, secondary and tertiary prevention*

The most recent strategy was developed during 2019-20 and was informed both by work undertaken by a consultant who engaged with people with lived experience, staff and wider stakeholders in assessing gaps and areas for improvement in the ADP. In addition a progress report on the previous strategy was discussed with the Community Justice Board, IJB Leadership Group, Police Fire and Safer Communities Committee, Children and Young People's Leadership Group. There was additional consultation with people with lived experience and this reflected the areas for improvement identified in the progress report.

The Strategy is in line with Ministerial Priorities.

### 1.4 Needs Assessment

- The ADP has a local assessment of the needs of people who use alcohol / drugs led by NHS Public Health and involving partners*

This has not been done within the lifecycle of the existing Strategy, however, the IJB is undertaking a Joint Needs Assessment which includes alcohol and drugs and the ADP Support Team have contributed to this.

A needs assessment of family adult members impacted by another's alcohol and/or drug use was completed in 2019 more recently a

whole family audit was undertaken in relation to children and young people impacted by another's alcohol and/or drug use.

SDF were commissioned to undertake a service evaluation on behalf of the ADP in 2021, this involved people using services and staff.

An alcohol death review was undertaken in 2017-18. We have not had the capacity to undertake a review of alcohol deaths in the lifetime of the current strategy.

### 1.5 Whole System Approach

- The ADP can demonstrate that their strategic planning is based on national and local priorities, is evidence based and aligns with delivery of local supports and services*
- The ADP has representatives of the following :*
  - Health and Social Care Partnership: mental health, primary care, adult services - yes*
  - Specialist drug / alcohol services - yes*
  - Health (e.g. emergency department, relevant acute wards, health improvement / public health) - yes*
  - Children's services - yes*
  - Police - yes*
  - Justice services -yes*
  - Housing / accommodation / homelessness services - yes*
  - Employment services - no*
  - Community - yes*
  - Lived experience - yes*
  - Education - yes*

- Third Sector Interface* We have independent third sector representation from SDF
- The ADP can demonstrate that other local planning partnerships and services incorporate and complement ADP activity to reduce alcohol and drug harms*

The ADP Strategy and Delivery Plan as well as our commissioning are based on Ministerial priorities and informed by local needs and feedback. This is evident in the content and actions arising. There are routes for people's experiences to influence the design and delivery of our services and interventions.

Examples of other partners complementing ADP activity include the work undertaken by Justice Social Work to develop a new model for DTTO delivery and education colleagues taking forward a training programme in response to the whole family approach audit.

## **1.6 Resources and Delivery**

- The ADP has an annual delivery plan agreed by member organisations that details resources aligned in support of delivery, including the following: direct resource, local financial investments and "in kind" resources. It details cross-system prioritisation and responsibilities within, for example, Health and Social Care Partnerships, Children's Services Planning Partnerships, Community Justice Partnerships and Community Planning Partnerships to be deployed to implement the Annual Delivery Plan and the outcomes to be achieved*

We have an annual delivery plan and partners are engaged in developing actions and reporting as appropriate.

As yet we have not developed the Service Level Agreements and other documentation as outlined in the Partnership Delivery Framework. We look forward to receiving these materials to support engagement at a local level.

## 1.7 Outcomes

- The ADP uses the outcomes and priority actions set out in Rights, Respect and Recovery and the Alcohol Framework 2018: Preventing Harm and the National Mission Outcomes Framework*
- The ADP outcomes are measurable and reportable*
- The ADP routinely reports on progress against strategic outcomes*

Our strategy reflects the Rights, Respect and Recovery and the Alcohol Framework 2018: Preventing Harm. At time of developing the National Mission did not exist, however, we are confident the Strategy and local activities read across these outcomes.

Quarterly performance reports are presented at the ADP. There is an annual update to the Community Justice Board; NHS Board; IJB and CYPLG.

Quarterly information on NFO pathway and drug related deaths are presented to the CSOG. The Drug Death Annual Report is developed by the Drug Death Review Group and presented to ADP, CSOG and NHS Borders Clinical Governance Committee.

### Q. How do you know this?

There is good cross representation from ADP membership to wider partnerships and the evidence presented above (e.g. reporting structures; examples of joint working) provide evidence of this.

### Q.What do you want to maintain, improve or change, how will you do it and by when?

We want to maintain positive relationships.

We want to consider how to more effectively engage with the community and wider stakeholders in relation to stigma and produce a briefing by end of March to inform our 2023-24 Delivery Plan.

We want to have an influence in the revision of strategic planning in relation to the overarching priorities for whole family wellbeing; the Promise and integrated children's services planning. This is being led outwith the ADP and we wish to ensure our priorities are reflected. This is ongoing work to be completed by end March 2023.

We would like to do better in terms of a more up to date needs assessment and an alcohol deaths audit. At a local level the requirement for ongoing reporting in relation to specific priorities (e.g. MAT standards) will consume additional capacity. We hope to have a plan in place of how to approach this work by end March 2023.

### **Any further comments?**

We would welcome timely information in relation to the anticipated supporting documents for the Partnership Delivery Framework recommendations.

## Section 2: Financial Governance

**Quality Standard 2: The ADP can demonstrate public money is used to maximum benefit to deliver measurable outcomes for the local population in delivery of its Strategic Plan**

		Maintain	Explore	Develop
		We are confident that we are demonstrating this standard. We have evidence to support this, including stakeholder confirmation and need to maintain this focus over time.	We currently partly demonstrate this standard and may need further development.	We do not fully demonstrate this standard currently and need to develop / discuss this further.
<b>2.1</b>	<b>Investment</b>		x	
<b>2.2</b>	<b>Governance</b>	x		
<b>2.3</b>	<b>Accountability</b>	x		
<b>2.4</b>	<b>Reporting</b>	x		
<b>2.5</b>	<b>Financial Planning</b>	x		

## Q.How effective is your approach to Quality Standard 2?

### 2.1 Investment

- The ADP is able to demonstrate that investment in the delivery of outcomes comes from a range of sources, including the Local Authority, Health Board and the Integration Authority, as well as outside of the public sector*
- The ADP can demonstrate investment is in line with Scottish Government priorities*
- The ADP can demonstrate that investment is based on evidence of effectiveness and outcomes*
- The ADP can demonstrate ability to disinvest based on evidence of effectiveness and outcomes and in line with changing priorities articulated through formal needs assessment*

Third sector commissions are jointly funded by the ADP and Local Authority. Third sector agencies have independently sought funding to enhance provision.

The NHS addictions service has a service level agreement (SLA) in place with the ADP and key performance indicators are monitored on a quarterly basis.

Dispersal of ADP funding is in line with existing Ministerial Priorities and aligned to outcomes described in ADP funding letters. These outcomes and appropriate related key performance indicators are included in all contract specifications.

All alcohol and drugs services submit quarterly reports and participate in quarterly monitoring meetings. These are summarised and reported to the ADP.

The most recent configuration of services was based on an ADP investment review which led to recommissioning against a new model of service which included disinvestment in a stand-alone drugs service to allow a development of a combined alcohol and drug treatment and recovery service.

A previous Children and Young People's Leadership Group's (CYPLG) commissioning review led to a realignment of services to support

young people impacted by their own alcohol and drug use and the development of a service to provide CAPSM and young carers support recognising the potential synergy in such provision.

We have recently reviewed and agreed at ADP an updated SLA for the NHS addictions service and are starting a procurement exercise for the third sector alcohol and drugs recovery service. A CYPLG commissioning review is underway which will inform the future commission plan for services including our young carers and CAPSM service.

## 2.2 Governance

- The ADP has clear policies and procedures for aligning resources for investment with strategic planning*
- The ADP seeks authorisation for investment from the Integration Authority and local scheme of delegation*
- The ADP has a clear policy agreed with members and the Integration Authority on the treatment of underspends / overspends*
- The ADP can demonstrate effective and transparent governance arrangements are in place*
- The ADP can relate investments in third sector and public sector to performance and outcomes*

All funding decisions are taken through APD with due scrutiny applied. The ADP has delegated authority from the IJB to make funding decisions. Support to ADP finances is via NHS Borders and regular meetings are held to ensure the Director of Finance is sighted on any arising issues and concerns, including ADP reserves and approval of our Annual Report.

An SLA is in place with the NHS addictions service. All commissioned services complete a quarterly monitoring report and participate in a quarterly monitoring meeting.

## 2.3 Accountability



- The ADP and the Integration Authority can demonstrate all funding allocated to NHS Boards for onward delegation to ADPs is available to the ADP*
- The ADP has full accountability for the totality of funding allocated for drugs / alcohol from its NHS Board and Local Authority*

All funding decisions are taken through APD with due scrutiny applied. The ADP has delegated authority from the IJB to make funding decisions. Support to ADP finances is via NHS Borders and regular meetings are held to ensure the Director of Finance is sighted on any arising issues and concerns, including ADP reserves and approval of our Annual Report.

ADP finance reports are presented quarterly to the Board by our finance lead.

A quarterly performance report is submitted and reviewed at the ADP. The performance report includes data relating to referrals, DNA's and planned/unplanned discharges as well as LDP Standards, Take Home Naloxone, Injecting equipment provision. A summary a RAG (red, amber, green) status and narrative for each service and an update on ADP Support Team work is also included. Outstanding actions and queries are addressed and reported back at subsequent meetings.

All Scottish Government ring-fenced funding is made available to the ADP and is clearly presented in our quarterly finance reports to the ADP Board.

## 2.4 Reporting

- The Health and Social Care Partnership Chief Finance Officer is a member (or formally represented) on the ADP*
- There is regular routine financial reporting to the ADP on the total spend on alcohol and drug services*
- The ADP and Integration Authority provide a quarterly and annual financial report to the Scottish Government*
- The ADP reports to local governance structures on investments*

Support to ADP finances is via NHS Borders and regular meetings are held to ensure the Director of Finance is sighted on any arising issues

and concerns which include monitoring of ADP reserves and approval of our Annual Report. This arrangement has been in place for many years and to date the IJB has been content with this arrangement.

There is no IJB Chief Finance Officer at present in Borders.

ADP finance reports are presented quarterly to the Board by our finance lead.

The ADP complies with all SG reporting requirements – awaiting response re discrepancy between this (quarterly) and the request for bi-annual.

The ADP reports to local governance structures on investments via the annual report. During 2022-23 the ADP has provided updates to the Mental Health and Wellbeing Board on dispersal of increased funding from the National Mission. The Mental Health and Wellbeing Board includes representation from people with lived experience.

## 2.5 Financial Planning

- The ADP strategy includes investment to increase activity over time in relation to prevention and early intervention aligned with other such preventative spend across local partners / partnerships*

We await with interest the development of the Consensus Statement on Substance Use in for young people which is in development via Public Health Scotland.

We have invested in training to support Whole Family Approaches and a wider workforce directory.

At a local level it is challenging to increase investment over time since additional funding to ADPs (in line with other areas) is currently directed towards treatment services to the exclusion of infrastructure and earlier interventions. The work being undertaken as part of the CYPLG commissioning review has prevention and early intervention in scope. This is an ongoing piece of work.

### Q. How do you know this?

We know this from the detailed and transparent financial planning and reporting for the ADP which has oversight from NHS Borders Director of Finance.

### **Q.What do you want to maintain, improve or change, how will you do it and by when?**

We are confident we have robust financial arrangements in place but will discuss further with local stakeholders including Scottish Government the expectations within the PDF. It is the case that we have raised this at all possible stages during the development of the PDF. We will progress these discussions by March 2023.

### **Any further comments?**

n/a

## **Section 3: Quality Improvement**

**Quality Standard 3: The ADP can demonstrate Quality Improvement in delivery of outcomes**

	Maintain	Explore	Develop
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		We are confident that we are demonstrating this standard. We have evidence to support this, including stakeholder confirmation and need to maintain this focus over time.	We currently partly demonstrate this standard and may need further development.	We do not fully demonstrate this standard currently and need to develop / discuss this further.
<b>3.1</b>	<b>Methodology</b>		X	
<b>3.2</b>	<b>Reporting</b>	X		
<b>3.3</b>	<b>Sustainability</b>	X		

## Q.How effective is your approach to Quality Standard 3?

### 3.1 Methodology

- The ADP has or uses an underpinning quality improvement methodology*
- ADP staff and members are supported to use improvement methodologies through training and other workforce development activities*

Improvement methodology is used or informs planning when developing or reviewing pieces or areas of work and also informs our approach to developments and consultations. For example, development of NFO pathway; review and update of the Residential Rehabilitation pathway; test of change for MAT 6 funded by Corra.

NHS Borders has supported colleagues in Mental Health and the ADP Support Team to undertake the Scottish Improvement Leaders programme through NES.

We are currently planning work which aims to improve outcomes for people attending our acute hospital for whom alcohol is a concern. NHS Borders is recruiting a Quality Improvement facilitator for mental health which will be a potential resource for the NHS addiction services.

### 3.2 Reporting

- The ADP can demonstrate examples of where improvement methods have had a positive impact
- The ADP can demonstrate links with outcome reporting, needs assessment and financial investment / disinvestment

Examples:

We have had positive feedback from individuals who have been referred during the NFO pathway, from the staff involved and have supported people to access MAT who may previously may not have engaged.

The NHS addictions service increased the number of people receiving OST by implementing and monitoring the improvements in service through reducing barrier to access and increasing choice of medications. For example, the Programme for Government (2018) funding supported development of an Assertive Engagement Team which was in direct response to work undertaken by the Drug Death Review Group in assessing our local performance in relation to the Staying Alive Toolkit and our findings from individual drug death reviews. We can chart an increase in the number of individuals on OST since the development of this team. The National Mission funding has allowed us to grow this team and recently was able to confirm a Green RAG status on MAT standards 1-5.

### 3.3 Sustainability

- The ADP can demonstrate how achieved improvements are embedded and sustained
- The ADP benchmarks performance with other areas (e.g. other ADPs, other partnership groups)

All commissioned services complete quarterly performance reports and participate in quarterly minuted monitoring meetings. Key performance indicators are summarised and discussed at the ADP.

The Quality Principles Group meets quarterly comprising managers and senior manager from each service and the ADP Support Team and is the forum through which cross agency improvements and quality issues are discussed. For example, this group helped engagement with the recent service evaluation and, following consideration of recommendations from the commissioned report, developed a 'you said we will' document for sharing with staff and people using services. The next step is to review the 'we wills' to update and reissue via team meetings and the Lived Experience Forum.

In previous years we have developed a technical report to assess key data sets against a benchmarking family. This has not been

progressed in 2021 or 2022 due to limited capacity and also a recognition that, broadly, we benchmark positively although the numbers in some studies (e.g. Scottish Health Survey) are limited and therefore subject to large confidence intervals.

We continue to benchmark our drug related deaths against this grouping and we have sought information from similar boards where we appear to benchmark negatively.

**Q. How do you know this?**

We have charted improvement in engagement and feedback. The recent service evaluation with people who used services in the previous 12 months contained the most positive feedback of any such similar work.

**Q.What do you want to maintain, improve or change?**

We want to maintain the current commitment to improvement methodology and would want to improve the wider staff team's knowledge and application of improvement methodology.

**Any further comments?**

We are concerned that there is no clarity on the 2018 Programme for Government funding post March 2023. This funding is used to fund our assertive engagement team; children impacted by parental substance use service and advocacy.

## Section 4: Governance and Oversight

Quality Standard 4: The ADP can demonstrate appropriate Governance and Oversight in delivery of the Strategic Plan

		Maintain	Explore	Develop
		We are confident that we are demonstrating this standard. We have evidence to support this, including stakeholder confirmation and need to maintain this focus over time.	We currently partly demonstrate this standard and may need further development.	We do not fully demonstrate this standard currently and need to develop / discuss this further.
4.1	Oversight		x	
4.2	Governance		x	
4.3	Risk Management		x	
4.4	Accountability		x	



## Q.How effective is your approach to Quality Standard 4?

### 4.1 Oversight

- ADP Members can demonstrate effective oversight arrangements are in place to deliver the local strategy*
- The ADP can demonstrate processes to ensure oversight, coordination and alignment of ADP activity with other relevant local partnerships and strategies*

A quarterly performance report is submitted and reviewed at the ADP. The performance report includes data relating to referrals, DNA's and planned/unplanned discharges as well as LDP Standards, Take Home Naloxone, Injecting equipment provision. A summary a RAG (red, amber, green) status and narrative for each service and an update on ADP Support Team work is also included. Outstanding actions and queries are discussed with relevant agencies and reported back at subsequent meetings.

The children and families service is jointly commissioned with the CYPLG and performance is reviewed with its Commissioning Sub-group of which the ADP Support Team is Chair. Any issues arising are escalated to the CYPLG.

The ADP Support Team is a member of the Community Justice Board and there is a standing agenda item for reporting.

### 4.2 Governance

- The ADP has published the roles and remit for members setting out how decisions are made, issues and disputes are resolved, conflicts of interest are managed*
- There is a organogram that sets out the relationship of the ADP with the Integration Authority, with other planning boards (e.g. Children's Partnership and the Community Justice partnership), and with areas of statutory responsibility (e.g. Child Protection and Adult Protection)*

- The ADP can demonstrate how they know governance structures provide appropriate assurance of safe, effective, compassionate and person-centred delivery*
- There are process in place for the ADP Chair to escalate and progress discussions with local partners / responsible officers when a priority is not being delivered and a process in place to ensure ADP contribution to aligned plans is being progressed*
- The ADP strategic plan forms part of the overall Community Planning Partnership (CPP) offer, is ratified via CPPs, and aligns with the priorities of other key statutory plans*

The ADP Rough Guide sets out the purpose of the ADP and its membership and is supported by our terms of reference which includes a governance paper and organogram setting out the relationship of the ADP and the IJB and CYPLG. It does not currently show a direct link to the Community Justice Board or Public Protection Committee. Local structures develop over time and the membership of the ADP ensures we are sighted on relevant developments.



Rough Guide to  
Borders ADP (Update)

### 4.3 Risk Management

- There is a clear process for identifying and managing risk in relation to delivery of national and local priorities*
- There are clear controls in place to reduce impact of identified risks*
- The ADP can demonstrate how failure is reported, analysed and learning facilitated*

The NHS Borders Risk Register holds ADP risks which are reviewed and updated by the ADP Support Team. There is not a regular

schedule in place to review risks at the ADP Board. There is a risk register in place specifically for the procurement process as noted in 2.1. This has been reviewed by the ADP.

The ADP quarterly performance reports highlight any concerns re delivery of services and provide ongoing updates to ADP on any actions taken to progress concerns.

#### **4.4 Accountability**

- The ADP can describe clear accountability to appropriate Chief Officer(s) responsible for the delivery of relevant policy, system or targets*
- The ADP can demonstrate clear articulation of the relationship with senior accountable officers, and specifically, the relationship between the ADP and Public Protection that sit with the local Chief Officers Group and can demonstrate that processes are in place to ensure learning from drug deaths and responsibility for reducing substance use mortality and harm*

The ADP Vice-Chair is the Director of Social Work and Practice and is responsible for the Public Protection work. They also chair the Drug Death Review Group. The ADP Support Team is represented on the Child Protection Delivery Group; Adult Protection Delivery Group and the Violence Against Women Partnership to ensure two way exchange of information and concerns.

Quarterly information on NFO pathway and drug related deaths are presented to the Critical Service Oversight Group (Borders local 'chief officers group'). The Drug Death Annual Report is developed by the Drug Death Review Group and presented to ADP, CSOG and NHS Borders Clinical Governance Committee.

#### **Q. How do you know this?**

Performance reporting to the ADP is robust and transparent, concerns are shared and addressed collectively.

**Q.What do you want to maintain, improve or change, how will you do it and by when?**

We want to maintain the current robust reporting mechanism within the ADP.

We want to improve the scheduling of Risk Register reviews by the ADP Board by October 2022.

We want to consult relevant accountable officers on their views on our current arrangements (October 2022 – January 2023) regarding a proportionate level of oversight and review the governance paper in light of ongoing local structural developments to ensure clarity on governance arrangements by end March 2023.

**Any further comments?**

n/a

## Section 5: The relationship between the ADP and the Integration Authority

**Quality Standard 5: The work of the Integration Authority and the ADP is aligned and the Integration Authority is able to provide Directions to partners in support of the ADP Strategic Plan**

		Maintain	Explore	Develop
		We are confident that we are demonstrating this standard. We have evidence to support this, including stakeholder confirmation and need to maintain this focus over time.	We currently partly demonstrate this standard and may need further development.	We do not fully demonstrate this standard currently and need to develop / discuss this further.
<b>5.1</b>	<b>Alignment and Governance</b>			x

**Q.How effective is your approach to Quality Standard 5?**

### 5.1 Alignment and Governance

- The ADP has a clear policy on taking investment plans and business cases to the Integration Authority Joint Board for ratification*
- The ADP provides performance and financial reporting to enable support the development of the Integration Authority's Annual Performance Report*
- The ADP regularly reports to the Integration Authority on performance*

- The work of the ADP is reflected in the objectives of the Integration Authority Strategic Plan*
- Governance and oversight arrangements for ADP business are supported by the Integration Authority*
- Adult treatment services are delivered in line with ADP strategy*
- The ADP and the Integration Authority have a clear policy on how decisions and directions are managed for services out-with the scope of the Integration Authority (e.g. children's services, police, housing will be issued)*
- The Integration Authority ensures governance arrangements support the deployment of resources at pace to support the Mission*

The IJB has delegated authority to the ADP for resource allocation and ensuring oversight. This allows deployment of resources at pace to support the National Mission.

An annual report is made to the IJB which includes spending commitments. The ADP budgets are transparent and reviewed quarterly at ADP Board.

The IJB is undertaking a joint strategic needs assessment which will be informed by information on alcohol and drugs use. The IJB is developing an Equality and Human Rights Reference Group to which an ADP representative will be included.

Positive working relationships are in place between the ADP and the treatment services and there is also effective joint working between services. Services and ADP are able to articulate and address challenges and concerns in real time and also to recognise the successes of those delivering services. All alcohol and drugs commissioned services complete quarterly monitoring information and participate in monitoring meetings.

There is no written policy in place on how decisions and directions are managed for services out-with the scope of the Integration Authority (e.g. children's services, police, housing).

The current reporting and governance arrangements described above outline robust performance management, however, regular attendance to IJB is annual. To date this has been a satisfactory local arrangement as authority has been delegated to the ADP.

**Q. How do you know this?**

We are confident that the ADP effectively manages its budget and performance using both the formal reporting mechanisms outlined above and the positive feedback on services from people who have used them.

**Q.What do you want to maintain, improve or change, how will you do it and by when?**

We want to consult relevant accountable officers on their views on our current arrangements (October 2022 – January 2023) regarding an proportionate level of oversight and review the governance paper in light of ongoing local structural developments to ensure clarity on governance arrangements by end March 2023

**Any further comments?**

n/a

## This Self-Assessment of Partnership Delivery Framework is agreed and ratified by:

<b>Senior System Stakeholders</b>	
ADP Lived Experience Stakeholder/s / Representative	Yes, 25.8.22
Chair of the Alcohol and Drug Partnership	Yes, 25.8.22
Chair of the Community Planning Partnership	
The Chief Executive of the Local Authority	
The Chief Executive of the NHS Board	
Director of Public Health	Yes. 25.8.22
The Chair of the Integration Joint Board	
The Chair of the Chief Officers Group	
Divisional Commander for Police Scotland	Yes, 8.9.22
Chief Executive of Third Sector Interface	
The Chief Officer of the Health and Social Care Partnership	



# **APPENDIX 1**

## **Self Assessment Criteria**

<b>1</b>	<b>Quality Standard 1 : The ADP has a Strategic Plan for delivery of identified outcomes which ensures adequate alignment with other aligned strategic plans</b>
<b>1.1</b>	<b>Transparency and Effectiveness</b> <ul style="list-style-type: none"><li><input type="checkbox"/> The strategic plan is agreed by the ADP</li><li><input type="checkbox"/> The strategic plan is published and publicly available</li><li><input type="checkbox"/> The ADP can demonstrate effective strategic linkage with other local partnership groups and local communities</li><li><input type="checkbox"/> The ADP can demonstrate examples of improvement activities and positive outcomes for the local population</li><li><input type="checkbox"/> The ADP can demonstrate evidence that Strategic Planning is safe, effective, compassionate and person-centred</li></ul>
<b>1.2</b>	<b>Inclusion</b> <ul style="list-style-type: none"><li><input type="checkbox"/> The ADP can describe how they engage with local communities</li><li><input type="checkbox"/> The ADP can demonstrate how any potential barriers to involvement or engagement are removed</li><li><input type="checkbox"/> The ADP strategic planning is inclusive of people affected by drug and alcohol harms and their family members, those who use services, those who deliver services, and the local population</li><li><input type="checkbox"/> The ADP embeds equality impact assessment processes to understand the diverse needs of local populations and uses this</li></ul>

	<p>information to inform pathways and provision in its strategic planning and ensure human rights are met</p> <p><input type="checkbox"/> The ADP Strategy effectively aligns to other statutory plans / priorities on delivery in support to families in crisis or at risk of being in crisis as a result of drug / alcohol use (e.g. Child Protection, Adult Protection)</p>
<p><b>1.3</b></p>	<p><b>Planning Cycle</b></p> <p><input type="checkbox"/> The ADP can demonstrate that it delivers in line with a strategic cycle for planning which includes: needs assessment, delivery, commissioning, review and reporting of outcomes / progress</p> <p><input type="checkbox"/> ADP Strategic Planning is based on population health approaches and includes primary, secondary and tertiary prevention</p>
<p><b>1.4</b></p>	<p><b>Needs Assessment</b></p> <p><input type="checkbox"/> The ADP has a local assessment of the needs of people who use alcohol / drugs led by NHS Public Health and involving partners</p>
<p><b>1.5</b></p>	<p><b>Whole System Approach</b></p> <p><input type="checkbox"/> The ADP can demonstrate that their strategic planning is based on national and local priorities, is evidence based and aligns with delivery of local supports and services</p> <p><input type="checkbox"/> The ADP has representatives of:</p> <p style="padding-left: 40px;"><input type="checkbox"/> Health and Social Care Partnership: mental health, primary care, adult services</p>

- Specialist drug / alcohol services
- Health (e.g. emergency department, relevant acute wards, health improvement / public health)
- Children's services
- Police
- Justice services
- Housing / accommodation / homelessness services
- Employment services
- Community
- Lived experience
- Education
- Third Sector Interface

- The ADP can demonstrate that other local planning partnerships and services incorporate and complement ADP activity to reduce alcohol and drug harms

## **1.6 Resources and Delivery**

- The ADP has an annual delivery plan agreed by member organisations that details resources aligned in support of delivery, including the following: direct resource, local financial investments and "in kind" resources. It details cross-system prioritisation and responsibilities within, for example, Health and Social Care Partnerships, Children's Services Planning Partnerships, Community Justice Partnerships and Community Planning Partnerships to be deployed to implement the Annual Delivery Plan and the outcomes to be achieved

1.7	<p><b>Outcomes</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> The ADP uses the outcomes and priority actions set out in <i>Rights, Respect and Recovery</i> and the <i>Alcohol Framework 2018: Preventing Harm</i> and the <i>National Mission Outcomes Framework</i></li> <li><input type="checkbox"/> The ADP outcomes are measurable and reportable</li> <li><input type="checkbox"/> The ADP routinely reports on progress against strategic outcomes</li> </ul>
2	<p><b>Quality Standard 2 : The ADP can demonstrate public money is used to maximum benefit to deliver measurable outcomes for the local population in delivery of the Strategic Plans</b></p>
2.1	<p><b>Investment</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> The ADP is able to demonstrate that investment in the delivery of outcomes comes from a range of sources, including the Local Authority, Health Board and the Integration Authority, as well as outside of the public sector</li> <li><input type="checkbox"/> The ADP can demonstrate investment is in line with Scottish Government priorities</li> <li><input type="checkbox"/> The ADP can demonstrate that investment is based on evidence of effectiveness and outcomes</li> <li><input type="checkbox"/> The ADP can demonstrate ability to disinvest based on evidence of effectiveness and outcomes and in line with changing priorities articulated through formal needs assessment</li> </ul>

<b>2.2</b>	<b>Governance</b> <ul style="list-style-type: none"><li><input type="checkbox"/> The ADP has clear policies and procedures for aligning resources for investment with strategic planning</li><li><input type="checkbox"/> The ADP seeks authorisation for investment from the Integration Authority and local scheme of delegation</li><li><input type="checkbox"/> The ADP has a clear policy agreed with members and the Integration Authority on the treatment of underspends / overspends</li><li><input type="checkbox"/> The ADP can demonstrate effective and transparent governance arrangements are in place</li><li><input type="checkbox"/> The ADP can relate investments in third sector and public sector to performance and outcomes</li></ul>
<b>2.3</b>	<b>Accountability</b> <ul style="list-style-type: none"><li><input type="checkbox"/> The ADP and the Integration Authority can demonstrate all funding allocated to NHS Boards for onward delegation to ADPs is available to the ADP</li><li><input type="checkbox"/> The ADP has full accountability for the totality of funding allocated for drugs / alcohol from its NHS Board and Local Authority</li></ul>
<b>2.4</b>	<b>Reporting</b> <ul style="list-style-type: none"><li><input type="checkbox"/> The Health and Social Care Partnership Chief Finance Officer is a member (or formally represented) on the ADP</li><li><input type="checkbox"/> There is regular routine financial reporting to the ADP on the total spend on alcohol and drug services</li><li><input type="checkbox"/> The ADP and Integration Authority provide a quarterly and annual financial report to the Scottish Government</li><li><input type="checkbox"/> The ADP reports to local governance structures on investments</li></ul>

2.5	<p><b>Financial Planning</b></p> <p><input type="checkbox"/> The ADP strategy includes investment to increase activity over time in relation to prevention and early intervention aligned with other such preventative spend across local partners / partnerships</p>
3	<p><b>Quality Standard 3 : The ADP can demonstrate quality improvement in delivery of outcomes</b></p>
3.1	<p><b>Methodology</b></p> <p><input type="checkbox"/> <i>The ADP has or uses an underpinning quality improvement methodology</i></p> <p><input type="checkbox"/> <i>ADP staff and members are supported to use improvement methodologies through training and other workforce development activities</i></p>
3.2	<p><b>Reporting</b></p> <p><input type="checkbox"/> The ADP can demonstrate examples of where improvement methods have had a positive impact</p> <p><input type="checkbox"/> The ADP can demonstrate links with outcome reporting, needs assessment and financial investment / disinvestment</p>

3.3	<p><b>Sustainability</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> The ADP can demonstrate how achieved improvements are embedded and sustained</li> <li><input type="checkbox"/> The ADP benchmarks performance with other areas (e.g. other ADPs, other partnership groups)</li> </ul>
4	<p><b>Quality Standard 4 : The ADP can demonstrate appropriate Governance and Oversight in delivery of the Strategic Plan</b></p>
4.1	<p><b>Oversight</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> ADP Members can demonstrate effective oversight arrangements are in place to deliver the local strategy</li> <li><input type="checkbox"/> The ADP can demonstrate processes to ensure oversight, coordination and alignment of ADP activity with other relevant local partnerships and strategies</li> </ul>
4.2	<p><b>Governance</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> The ADP has published the roles and remit for members setting out how decisions are made, issues and disputes are resolved, conflicts of interest are managed</li> <li><input type="checkbox"/> There is a organogram that sets out the relationship of the ADP with the Integration Authority, with other planning boards (e.g. Children’s Partnership and the Community Justice partnership), and with areas of statutory responsibility (e.g. Child Protection and Adult Protection)</li> </ul>



	<ul style="list-style-type: none"><li><input type="checkbox"/> The ADP can demonstrate how they know governance structures provide appropriate assurance of safe, effective, compassionate and person-centred delivery</li><li><input type="checkbox"/> There are process in place for the ADP Chair to escalate and progress discussions with local partners / responsible officers when a priority is not being delivered and a process in place to ensure ADP contribution to aligned plans is being progressed</li><li><input type="checkbox"/> The ADP strategic plan forms part of the overall Community Planning Partnership (CPP) offer, is ratified via CPPs, and aligns with the priorities of other key statutory plans</li></ul>
<b>4.3</b>	<b>Risk Management</b> <ul style="list-style-type: none"><li><input type="checkbox"/> There is a clear process for identifying and managing risk in relation to delivery of national and local priorities</li><li><input type="checkbox"/> There are clear controls in place to reduce impact of identified risks</li><li><input type="checkbox"/> The ADP can demonstrate how failure is reported, analysed and learning facilitated</li></ul>
<b>4.4</b>	<b>Accountability</b> <ul style="list-style-type: none"><li><input type="checkbox"/> The ADP can describe clear accountability to appropriate Chief Officer(s) responsible for the delivery of relevant policy, system or targets</li><li><input type="checkbox"/> The ADP can demonstrate clear articulation of the relationship with senior accountable officers, and specifically, the relationship between the ADP and Public Protection that sit with the local Chief Officers Group and can demonstrates that processes are in place to ensure learning from drug deaths and responsibility for reducing substance use mortality and harm</li></ul>

<b>5</b>	<b>Quality Standard 5 : The work of the Integration Authority and the ADP is aligned and the Integration Authority is able to provide Directions to partners in support of the ADP Strategic Plan</b>
	<ul style="list-style-type: none"><li><input type="checkbox"/> The ADP has a clear policy on taking investment plans and business cases to the Integration Authority Joint Board for ratification</li><li><input type="checkbox"/> The ADP provides performance and financial reporting to enable support the development of the Integration Authority's Annual Performance Report</li><li><input type="checkbox"/> The ADP regularly reports to the Integration Authority on performance</li><li><input type="checkbox"/> The work of the ADP is reflected in the objectives of the Integration Authority Strategic Plan</li><li><input type="checkbox"/> Governance and oversight arrangements for ADP business are supported by the Integration Authority</li><li><input type="checkbox"/> Adult treatment services are delivered in line with ADP strategy</li><li><input type="checkbox"/> The ADP and the Integration Authority have a clear policy on how decisions and directions are managed for services out-with the scope of the Integration Authority (e.g. children's services, police, housing will be issued)</li><li><input type="checkbox"/> The Integration Authority ensures governance arrangements support the deployment of resources at pace to support the Mission</li></ul>

## Appendix 2 Partnership Delivery Framework for ADPs, August 2021

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The Scottish Government and COSLA coproduced the Partnership Delivery Framework for Alcohol and Drug Partnerships which was published in 2019. Given the increased focus on drug deaths we need to look at options for increasing the speed of implementation of this framework.

The Scottish Government are keen to emphasise the importance of local Alcohol and Drug Partnerships and reinforce our commitment to good local strategic planning, engagement and leadership whilst increasing the pace of delivery.

The following 8 recommendations have been agreed between COSLA and the Scottish Government. A short life working group will be formed to take these forward.

### **ACTION 1: Implement the Partnership Delivery Framework which underpins ADP governance**

**MEASURABLE PERFORMANCE: Recommendation 1** – We will implement a Quality Assurance process to support ADP performance against the Partnership Delivery Framework, Rights, Respect and Recovery and local delivery of Mission priorities. The assessment process will be a combination of local self-assessment, ADP peer-to-peer assessment and external validation. An external agency will be commissioned to validate the assessment process. The assessment process will be in line with other national assessment processes, for instance as utilised by the Care Inspectorate and Health Improvement Scotland. We will replace the current ADP Annual Report format with a self-assessment framework. We will facilitate new alliances and synergies between clusters of ADPs facing similar challenges to support the sharing of good practice and innovation. We will seek assurance and ensure that there is specific Improvement Methodology Training available to ADPs locally and nationally and we will support progress towards Whole System Approaches to drug and alcohol issues.

**STANDARDISE AND IMPROVE PLANNING: Recommendation 2** – We will increase the focus on forward planning and The Scottish Government will, in partnership, develop engage and supply an Annual Delivery Plan format and require local ADPs to submit an Annual Delivery Plan in December each year; the Scottish Government will establish a group that will provide the Mission Implementation Group assurance that local Annual Delivery Plans are in line with national priorities; evidenced based; meet local needs based on gaps identified in the self-assessment. Development of Recommendations 1 and 2 will take cognisance of and seek to support local reporting requirements to Integration Boards and Community Planning Partnerships.

**STANDARDISE GOVERNANCE: Recommendation 3** – We will require ADP to have a Service Level Agreement (SLA) specifying local membership and partner contributions committed to delivering the Partnership Delivery Framework and Mission priorities. The SLA will detail investment of direct resource, local financial investments and “in kind” resources and detail cross-system prioritisation and responsibilities within, for example, Health and Social Care Partnerships; Children’s Services Boards, Community Justice Partnerships and Community Planning Partnerships to be deployed to implement the Annual Delivery Plan; outcomes to be achieved by providers; request senior accountable officers to submit to the Scottish Government via their ADP an audit of direct, indirect and in kind resources directed to the local delivery of the Mission; The SLA will specify the relationship between the ADP and the IJB and will specify how decisions and directions from the IJB to services outwith IJB scope e.g. children’s services, police, housing will be issued; SLA will specify how governance arrangements are supported to ensure resources are deployed, at pace, to support the Mission.

## **ACTION 2: Strengthen existing approaches to ADP governance including annual reports and approaches to planning**

**STRENGTHEN RESPONSIBILITY: Recommendation 4** – we will specify the relationship between ADPs and senior accountable officers, and specifically, the relationship between ADPs and Public Protection arrangements in local areas ensuring that there is clear responsibility for reducing substance use mortality and harm that sits with local Chief Officers Groups. We will specify that the HSCP Chief Finance Officer (CFO) is required to sit on the ADP and provide assurance regarding funding and require service underspends to be reinvested / carried forward into ADP strategy. We will require the CFO to provide routine financial reporting to ADPs meetings and provide the Scottish Government with an annual financial report as part of the Self-Assessment Process in Recommendation 1. The above will be included in an Annexe to the Partnership Delivery Framework

**STANDARDISE OUTCOMES: Recommendation 5** - Develop a menu of evidenced based standardised outcome measures to support and underpin the evaluation of Rights, Respect & Recovery and the National Mission; in addition to establishing standardise national outcomes we will support local areas to develop local outcome measures in a standardise format and share cross system learning. Outcomes will support local and national performance reporting requirements.

## **ACTION 3: Establish and test formal arrangements to enable ADPs to effectively quality assurance and improve services**

**ESTABLISH ACCOUNTABILITY FOR TARGETS: Recommendation 6** - with publication of Medication Assisted Treatment standards; forthcoming UK clinical guidelines for alcohol treatment; consideration being given to the establishment of a Mission Target/s, we will ensure that the appropriate Chief Officer/s responsible for the relevant system, work with ADPs and are accountable for the delivery of any targets / expectations for delivery. This will bring a whole system approach and ensure targets are appropriately reflected in higher level strategic planning, priorities and roles

**STANDARDISE AND IMPROVE NEEDS ASSESSMENT: Recommendation 7** - we will ensure Public Health Scotland and local NHS Public Health Departments work together to supply ADPs with a standardised annual needs assessment in November each year to inform their Annual Delivery Plan and National Priorities. The format of the needs assessment will be standardised so national comparison is achievable; local NHS Public Health Departments will work with local Community Planning partners to also further identify unmet needs.

## **ACTION 4: Strengthen the relationship between ADPs and the Scottish Government**

**REAFFIRM COMMITMENT TO LOCAL ADPS: Recommendation 8** – seek to strengthen the relationship at national and local levels across public sector, including the Scottish Government, and demonstrate commitment to local strategic planning, local co-production and service delivery.

Promote a whole system approach at a national level to alcohol and drug issues and the key role of ADPs. Seek to ensure that frontline workers (public and 3rd sector services equally; doctors, nurses, social workers, care workers, volunteers; psychologists etc) and all staff committed to improving the harms of drug and alcohol issues are equally valued and their contribution is recognised. Support efforts to ensure to ensure that the alcohol and drug sector is a modern,

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inclusive, dynamic and exciting place to work. Seek to highlight the importance of the National Mission and the need to deliver improvements at pace nationally and locally. We will engage with local areas and seek assurance that adequate resources are in place to support Alcohol and Drug Partnerships and local delivery of national priorities.

In summary

ADPs are asked to:

- Replace Annual Report with Self-Assessment
- Forward plan in Dec and submit proposed actions and outcomes
- Have in place an SLA specifying inputs and outputs from members
- Work in partnership with peer ADPs

Partner organisations are asked to:

- Specify in an SLA direct, indirect and in kind resources supporting ADP delivery plan are in place, available and deployed at pace (All ADP partners)
- Produce an annual standardised needs assessment (NHS Public Health / PHS)
- Articulate Public Protection arrangements to reduce substance use mortality (All ADP partners)
- Chief Officers Groups to take responsibility for the reduction of substance use mortality (All ADP partners)
- Chief Finance Officer HSPC – produce an annual finance report and ensure funding is carried forward to support ADP delivery plan (HSCP)

Scottish Government / COSLA are asked to:

- Develop in partnership a Self-Assessment tool for ADPs
- Commission an external agency to undertake validation of the ADP self-assessment process
- Develop in partnership a Delivery Plan tool for ADPs
- Develop in partnership a Service Level Agreement format for ADPs
- Develop standardised outcomes format
- Establish a Mission Scrutiny Group
- Facilitate peer networks of ADPs to support Self-Assessment
- Provide elements required for ADPs to develop an annual plan in Dec each year