

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



Scottish Borders
Health and Social Care
PARTNERSHIP

Meeting Date: 21 December 2022

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BORDERS ALCOHOL AND DRUGS PARTNERSHIP ANNUAL REPORT 2021-22	
Purpose of Report:	To ensure the Integration Joint Board (IJB) is aware of the work of Borders Alcohol and Drugs Partnership (ADP).
Recommendations:	The Health & Social Care Integration Joint Board is asked to: d) Note the Annual Report.
Personnel:	Additional funding has supported recruitment of staff to alcohol and drugs services.
Carers:	A previous needs assessment for affected family members was carried out in 2019. Additional funding has enhanced capacity for work with family members impacted by another's alcohol and/or drug use.
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. A summary is provided in 3.2.
Legal:	n/a
Risk Implications:	Engagement with this client group can be challenging and many social and economic influences outside the control of the ADP will impact on the success of the initiatives. If statutory agencies fail to prioritise this area of work outcomes may not be achieved.
Direction required:	No Direction required

1 Situation

1.1 This paper presents an ADP Annual Report 2021-22 to the Board. The Report (Appendix One) includes information included in the template required for feedback to Scottish Government and additional narrative related to key work programmes over the year.

1.2 The Annual Report includes an update on progress against Ministerial Priorities; the new National Mission for Drugs funding and activity and areas for improvement identified in the Annual Review template submitted to Scottish Government.

1.3 The report does not represent all work carried out across the partnership and is being brought to the Board for their awareness.

2 Background

2.1 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 Scottish Borders Council's Director – Social Work and Practice. Membership includes officers from NHS Borders, Scottish Borders Council, Police Scotland and Third Sector.

2.2 During 2021-22 the ADP was directed to develop work in response to increased funding in the following areas:

- Implement standards 1-5 of the Medication Assisted Treatment (MAT) standards¹. MAT refers to the use of medication, such as opioids, together with psychological and social support, in the treatment and care of individuals who experience problems with their drug use. There are 10 standards which aim to improve access, choice and care and to ensure that MAT is effective.
- Increase access to Long Acting Buprenorphine which is used to treat opioid dependence. It can be administered monthly rather than daily as in the case of methadone
- Outreach
- Near-fatal overdose pathways
- Lived and living experience
- Residential rehabilitation
- Whole family approach and family inclusive practice

2.3 There are two long standing Local Delivery Plan (LDP) targets for the ADP:

- 90% of people referred should start alcohol or drug treatment within 21 days of referral
- Delivery of a target of 1312 Alcohol Brief Interventions (ABIs) across Primary Care, Antenatal and wider settings

3 Assessment

3.1 The ADP has made significant progress across all of the priority areas noted in section 2.2.

3.2 Progress on new work areas:

- MAT Standards Implementation: Borders is the only ADP assessed as having implemented MAT Standards 1-5 by April 2022.

¹ [Introduction - Medication Assisted Treatment \(MAT\) standards: access, choice, support - gov.scot \(www.gov.scot\)](https://www.gov.scot/publications/introduction-to-mat-standards/pages/introduction-to-mat-standards.aspx)

- Long Acting Buprenorphine: Borders Addiction Service (BAS) had already commenced work to expand access to Long Acting Buprenorphine prior to the new funding arrangements by end of March 2022. The percentage of people in receipt increased from 12% at end March 2021 to 18%.
- Outreach: Additional funding was used to enhance capacity of our existing assertive engagement team (ES Team). The ES Team is jointly staffed by BAS and We Are With You and has been able to expand the towns in which drop-in clinics operate. People attending drop-ins can start same day treatment where clinically appropriate.
- Non-fatal overdose pathway: A local non-fatal overdose pathway commenced May 2021. Between May- March 2022, 71% of people referred were seen within 48 hours of referral.
- Lived and living experience: the Lived Experience Forum meets each month and a representative from this group attends the ADP. People who had accessed ADP services within the last 12 months were involved in a local service evaluation in November 2021. People reported very positive experiences. Some areas for improvement were identified including improved access to psychology. There is now both additional psychology capacity (via MAT Standards funding) and staff capacity building undertaken to enhance skills in safety and stabilisation.
- Residential rehabilitation: as part of work to develop a new pathway consultation was undertaken with staff in drug and alcohol services, wider stakeholders and people with lived experience. The pathway was approved in September 2022.
- Whole family approach: an audit of support for children and young people affected by parental substance use was carried out in partnership with the Children and Young People's Leadership Group. Actions arising include dedicated training for specific staff groups.

3.3 Drug Related Deaths Prevention

3.31 The Drug Related Deaths Review Group (DDRG) meets quarterly to review individual drug related deaths in terms of support and care offered. The members of the multiagency group are responsible for providing information to the reviews and taking forward relevant actions.

3.32 Borders continues to perform well in relation to provision of Take Home Naloxone which can be administered in the event of an opioid overdose. Since the programme started in 2011 Borders has reached 85% of our estimated population of opiates/benzodiazepine drug users with a first-time kit compared to 59% nationally at end of March 2022.

3.4 Local Delivery Plan Targets

Borders has met the targets with 99% (560/563) of people referred starting treatment within 3 weeks of referral and delivery of 1781 alcohol brief interventions against a target of 1312.

3.5 Financial summary

There was a total of 11 funding streams for the ADP, eight of which were noted within the reporting year as outlined in the table below:

Funding	Amount
1. Core Funding (recurring)	£1,102,061
2. Programme for Government Funding (annual since 2018)	£358,278
3. Drugs Death Task Force funding (announced Nov 2020)	£26,688
4. National Mission Uplift (awarded June 2021)	£106,308
5. Residential Rehab (awarded June 2021)	£106,308
6. Long Acting Buprenorphine – Buvidal (awarded June 2021)	£85,047
7. Near Fatal Overdose Pathways (awarded August 2021)	£63,785
8. Outreach (awarded August 2021)	£63,785

9. Whole Family Approach Framework (awarded October 2021)	£74,416
10. Lived and Living Experience (awarded October 2021)	£10,631
11. MAT Standards (awarded February 2022)	£127,570

3.51 The funding received to support Lived Experience Panels is used to support training and capacity building.

3.52 Due to the late notification and lead in time for any associated spend there is a significant carry forward of funding into 2022-23. Scottish Government has alerted NHS Borders to the intention to consider carried forward reserves prior to releasing of current year funding. There is an exception in relation to the MAT funding due to the pace of the work and timing of the award.

3.53 The ADP is utilising non-recurring funding to support development work in relation to identified gaps and to build capacity in the recovery community.

3.54 The ADP Board receives quarterly financial statements to ensure appropriate oversight. Bi-annual finance reports are submitted to Scottish Government.

3.6 Areas for improvement

There are three operational areas of work areas noted in the report which require improvement:

- Alcohol related deaths audit: the ADP is currently considering commissioning external support to undertake this work.
- Alcohol pathways: initial discussions for development work in BGH have taken place
- Support for people with co-occurring alcohol and/or drug use and mental ill-health: an Advanced Nurse Provider will provide leadership for this work in alcohol and drugs services. This is a national concern highlighted by the Mental Welfare Commission for Scotland and additional leadership is provided within the Mental Health Service.

3.61 The Annual Report notes the pressure on both the ADP Support Team and colleagues in services in responding to the new national priorities.

3.62 The ADP has welcomed the prioritisation of drug death prevention and subsequent investment in national and local provision, however, the Board shares a concern with local and colleagues elsewhere in Scotland that there has not been a similar attention to alcohol policy and treatment.

3.7 Governance

Following discussion at the IJB on 21/09/22 the ADP is progressing with governance and performance discussions.

4 Recommendations

The IJB is asked to note this report.

action on
drugs+alcohol
BORDERS

ADP

Annual Report
2021-22

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1. Introduction

This Annual Report includes information included in the template required for feedback to Scottish Government and additional narrative related to key work programmes over the year 2021-22.

The Annual Report is intended to provide an update on some key developments and activities during 2021-22 in a more accessible format than the required review template. This report does not include the full extent of all work carried out.

The role of the ADP is to deliver Scotland's national alcohol and drug strategy, [Rights, Respect and Recovery](#) and provide strategic direction to reduce the level of drug and alcohol problems amongst children, young people and adults in the Borders based on local need.

2. ADP Support Team

In 2021-22, the ADP Support Team included the following staff: 1.0 WTE Head of Health Improvement/Strategic Lead ADP, 1.0 WTE ADP Coordinator, 0.8 WTE Project Officer.

Appendix One provides a summary of representation by the ADP Support Team on wider partnership groups.

3. Adult Drug & Alcohol Services

There are three ADP commissioned drug and alcohol services in the Scottish Borders: Borders Addiction Service; We Are With You and CHIMES. These services provide a range of harm reduction, treatment, psychological interventions, as well as wider support including employment, housing and support for family members. For more information on local services click [here](#).

During 2021-22, 563 individuals started alcohol or drug treatment. 99% of people started treatment within three weeks of referral against the national target of 90%

4. Recovery Groups

There is a range of recovery groups in the Borders that people can attend. The following is a summary of those meeting during 2021-22:

- MAP Groups – Mutual Aid Partnership Groups have resumed in person but also continue to meet online for those who are unable to attend.

- Serendipity Recovery Community Network – reopened in August 2021 and worked with We Are With You during September to promote Recovery Month. This halted due to further covid restrictions and, following the sale of the premises have successfully secured a new building. Serendipity is planning to resume face-to-face in August 2022.
- Borders Recovery Group - This group formed in January 2022 involving members of the Lived Experience Forum. This grass roots organisation is self-managed and has been delivering a Recovery Café and music group on a weekly basis with increasing numbers of people attending. Recovery Coaching Scotland provide support around webhosting and administrative support and the group are also supported by We Are With You.
- Recovery Coaching Scotland is a Community Interest Company run by people with lived experience of recovery and has successfully gained funding to deliver Recovery Coaching courses from the national Mental Health and Wellbeing Fund. Programmes of work in Scottish Prisons have taken place through 2021-22 and a Borders course was planned for Summer 2022.

5. New Areas of Work

National Mission £50m nationally

A National Mission was announced in 2020-21 with the aim of improving and saving lives of people who use drugs and their loved ones by:

- providing fast and appropriate access to treatment and support through all services
- improving frontline drugs services (including the third sector)
- ensuring services are in place and working together to react immediately for people who need support and maintain that support for as long as is needed
- increasing capacity in and use of residential rehabilitation
- implementing a more joined-up approach across policy and practice to address underlying issues.

£50 million was allocated to this nationally and during 2021-22, Borders ADP received £637,850 from this funding to support the delivery of the National Mission.

Priority Area	Task for local areas
Delivery of MAT	Medication assisted treatment (MAT) is used to refer to the use of

Standards	<p>medication, such as opioids, together with psychological and social support, in the treatment and care of individuals who experience problems with their drug use.</p> <p>There are 10 standards which aim to improve access, choice and care and to ensure that MAT is safe and effective. For more information on MAT click here</p> <p>ADP areas were tasked by Scottish Government to implement MAT Standards 1-5 by April 2022.</p>
Long Acting Buprenorphine	To expand access to Long Acting Buprenorphine in financial year 2021-22.
Outreach	There is an expectation that there is effective, assertive outreach activity in all areas, which engages those at most risk, ensuring they have a meaningful pathway into treatment and support. This may include but is not limited to navigator and peer support models; out of hours and weekend support; and, multidisciplinary, holistic support teams.
Near-fatal Overdose Pathways	There is an expectation that near-fatal overdose pathways, will result in a rapid emergency response, which ensures individuals get access to the help they need at the point of need. It is also expected that pathways will incorporate wider harm prevention activity, incorporating appropriate wraparound support.
Lived and Living Experience	Funding is allocated to expand and improve the reach of the voices of those with lived and living experience.
Residential rehabilitation	Improve data on residential rehab funding and improve pathways into and from residential rehabilitation services, in particular for those with complex needs.
Whole Family Approach & Family Inclusive Practice Framework	<p>There is an expectation that ADPs and Children Planning Partnerships should implement the recommendations from the Framework including:</p> <ul style="list-style-type: none"> • audit existing provision of family support services for children, young people and adult family members affected by others use of alcohol and drugs. In response to these findings, • ensure a range of family support options that are available to family members in their own right

- ensure the workforce across alcohol and drug services, children's services and adult services are trained in family inclusive practice and whole family approaches.

6. National Mission Response

Priority Area	Task
Delivery of MAT Standards	Borders was the only ADP area to be assessed as successfully implementing MAT Standards 1-5 by April 2022. Achieving a 'maintenance' status will require local reporting systems to be developed as there is no national solution.
Long Acting Buprenorphine	<p>Long Acting Buprenorphine contains the active substance buprenorphine, which is a type of opioid medicine. It is given by injection to the patient and because of its long action means it can be given on a monthly rather than daily basis.</p> <p>By February 2022, 18% of people prescribed opioid substitution treatment (OST) were receiving Long Acting Buprenorphine an increase of 6% on the previous year.</p>
Outreach	<p>The assertive engagement team (ES Team) are now supporting 4 drop-in clinics across the Borders in Galashiels, Hawick, Eyemouth and Kelso.</p> <p>Regular support is provided to both BAS and WAWY in making contact with people who are not engaging. This is done through supporting home visits, telephone contacts and providing ways to reduce barriers such as transport to appointments or mobile phones to keep in contact.</p>
Near-fatal Overdose Pathways	<p>A non-fatal overdose (NFO) pathway has been in place in Borders since May 2021 and is led by the ES Team. This pathway involves Police, Scottish Ambulance Service and Borders General Hospital staff being able to refer direct to Borders Addiction Service when someone has presented to their service having experienced a NFO.</p> <p>A multiagency group led by ES Team meets twice weekly (Monday and Thursday) to review referrals for all people notified as having experienced an NFO and ensure any relevant actions identified are completed. This includes appropriate outreach to vulnerable individuals and aftercare including referral into drug treatment service if not currently engaged. The service aims to see people within 48 hours of referral.</p>

	<p>There have been 130 referrals into the pathway since May 2021. Between May 2021-March 2022 71% of individuals referred were seen within 48 hours of referral.</p>
Lived and Living Experience	<p>Lived Experience Forum: This group has been meeting over the last two years on a monthly basis and is led by the Community Engagement & Peer Naloxone Coordinator from We Are With You. Within this group are people with lived and living experience including family members. A nominated representative from this group attends the ADP Board with alongside the coordinator. A member of the ADP Support Team attends each Forum and ensures that any concerns raised by people with lived experience are fed back to the appropriate staff within the Health & Social Care Partnership.</p> <p>People with lived experience were involved in a service evaluation in November 2021. The findings from the SDF Service Evaluation were reported to the ADP. People who completed the evaluation had accessed one or more of the alcohol and drugs services in the previous 12 months. The findings reported very positive reports of experiences and relationships with services staff. The areas that people reported being most satisfied with were emotional health, meaningful use of time, and physical health. The areas people were least satisfied with were family/relationships, involvement with the community and offending. Testimonies from some showed positive impacts on confidence and substance use; some stated service use had saved their lives. Suggestions for how services could improve, included: longer hours on phone lines, making a Care Plan with worker, joined up services, improved access to specialist support, such as psychologists and more staff and funding.</p> <p>The evaluation also include feedback from staff who reported that it was common for people to have multiple and complex needs so flexibility in provision is required and identified that there could be better support for issues around specific substances (e.g. benzodiazepines), mental health and physical health. At time of</p>

	<p>reporting staff felt that workloads were very high and there was a need for more staff including inclusion of lived experience peers and more opportunities for joint work.</p> <p>The recommendations were presented to service managers to review and develop an action plan. A poster was developed highlighting the feedback and the actions agreed in the form of 'You Said, We Will'. This was shared with the Forum and services to ensure it was widely available. We are now working on an updated 'You Said, We Did'. The findings from the survey have helped influence the allocation of additional funding and development of MAT implementation.</p> <p>Access to the full Service Evaluation is available here. Access to the feedback and report is available here</p>
Residential rehabilitation	<p>Borders participated in an audit of Residential Rehabilitation (RR) pathways in March 2021 which identified a need to review our local pathway alongside people with lived experience.</p> <p>A consultation took place between November 2021 and January 2022 with drug and alcohol services, wider stakeholders including homelessness and people with lived experience to identify demand (where possible) and seek feedback on the current pathway. A total of 7 different stakeholder meetings were held where views were gathered for the consultation.</p> <p>A workshop was held on Wednesday 23 February 2022 to share findings from the consultation work and to identify actions for improvement.</p> <p>A short life working group has taken forward the improvements and has produced a new pathway (September 2022). The group is now working on improved patient information and staff briefings.</p>

7. Ministerial Priorities

ADPs are required to deliver work to address the following Ministerial Priorities which reflect Rights, Respect and Recovery and the Alcohol Framework.

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

ADPs are expected to set their own actions, improvement goals, measures and tests of changes alongside national deliverable to drive quality improvement at a local level.

The priorities are reflected in our local [Strategic Plan 2020-23](#). The following is a summary of action against each ministerial priority:

7.1 A recovery orientated approach which reduces harms and prevents deaths

- In 2021-22 there were 117 first supplies of Take Home Naloxone provided across Borders and 163 resupplies. Since the programme started in 2011 Borders has reached 85% of our estimated population of opiates/benzodiazepines drug users with a first time kit compared with 59% nationally by end March 2022.
- Naloxone supply was extended via:
 - Scottish Drugs Forum and We Are With You Borders implemented a Peer Naloxone Supply to people at risk of, or likely to witness an overdose. Recruitment took place in March 2021. 62 supplies were made through the Peer Naloxone Supply pilot in 2021-22.
 - Community pharmacies
- Development of a Non-Fatal Overdose Pathway established. Further information reflected in section 4 above.
- 23 staff from alcohol and drugs services attended skills building training in benzodiazepines.
- As part of our services' approach to broadening the delivery of trauma-informed interventions, 3 members of staff within the Addiction Psychological Therapies Team (APTT) were trained as trainers by NES in Safety and Stabilisation Training in November 2021.

- As part of MAT 6 (The system that provides MAT is psychologically informed (tier 1); routinely delivers evidence-based low intensity psychosocial interventions (tier 2); and supports individuals to grow social networks) Improvement Plan this training will be delivered to all staff within our 3 drug and alcohol services by Christmas 2022.
- Borders ADP leads a multi-agency Drug Death Review Group (DDRG) chaired by the Chief Social Work Officer/Vice Chair ADP. The DDRG meets quarterly, carries out reviews on drug related deaths and ensures liaison between agencies in efforts to introduce interventions aimed at reducing drug-related deaths at local level. The 2020 Annual Report was produced and presented at the Critical Services Oversight Group (CSOG).
- Borders has successfully implemented MAT Standards 1-5. Achieving a 'maintenance' status will require local reporting systems to be developed as there is no national solution.
- Our local Drug Trend Monitoring Group continued to meet to share intelligence regarding emerging trends of drugs/alcohol use and related harm as well as hosting CPD events with on average 30 people in attendance. The mailing list is used to disseminate briefings/alerts to members. In 2021-22 we offered sessions on cannabis edibles and drugs in prisons.

7.2 A whole family approach

- The Whole Family Approach audit of support for children and young people was carried out in November 2022 in partnership with the CYPLG and Child Protection Delivery Group. This highlighted the need to increase knowledge of current support services and ensure targeted training was provided on whole family approach. Specific training is being provided during 2022 to meet this identified need.
- CHIMES is the service in Borders that provides support to young people under the age of 18 who are impacted by parental/carer alcohol or substance use. Additional funding was provided to CHIMES to increase capacity, engagement with appropriate services (e.g. Justice Women's Service) and ensure support is available at weekends and evenings.
- During the summer of 2021, the service was able to provide a full programme of activities at school holiday times as well as purchase and distribute sports and leisure equipment, musical equipment, arts and crafts materials and games and toys. External funding was also sources for a voice coach and drummer tutor to provide music sessions for young people. In the previous 6 months, April to Sept, 11 young people were involved in a group street band music initiative over 4 days during the summer. The group produced a film which highlights their musical efforts, and this has been uploaded to You Tube.

- WAWY is the service in Borders that provides support to people over the age of 16 who are impacted by another's drug/alcohol use. Additional funding was provided to WAWY to increase capacity and ensure support available at weekends and evenings.
- WAWY and CHIMES provide one to one and group support for adult family members affected by someone else's alcohol or drug use based on CRAFT (Community Reinforcement and Family training programme).

7.3 A public health approach to justice

- The Justice Social Work Service supports the delivery of Alcohol Brief Interventions (ABIs). (An ABI is a short, evidence-based, structured conversation about alcohol consumption with a patient/client that seeks to motivate and support the individual to think about and/or plan a change in their drinking behaviour in order to reduce their consumption and/or their risk of harm). The service delivers ABIs as part of the induction process for individuals subject to unpaid work, in addition to screening when undertaking Criminal Justice Court Report interviews.
- Justice staff including Social Work and Unpaid Work are trained in the administration of Naloxone. Offices hold a small supply of Naloxone kits that can be issued to individuals for personal or family/partner use where there is considered high risk of overdose.
- The Justice Social Work Service has appointed a half time Welfare Worker for two years. The post seeks to break down barriers of discrimination, health and social isolation to those involved in the Justice System, in order to enhance positive outcomes including reduced offending behaviour, social inclusion and enhanced healthy living opportunities.
- As part of a restructure of Drug Treatment and Testing Order (DTTO) delivery, the Welfare Worker utilises an additional 7 permanent hours to support individuals subject to DTTO, who require generic mental health support while awaiting specialist mental health provision.
- The service's Group Manager sits on and contributes to the Drug Death Review Group.
- 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.

7.4 Prevention, education and early intervention

- During 2021-2022, the ADP Support Team coordinated 13 online training courses for 194 participants (130 participants in 2020-21). There were 133 participants from statutory agencies, 57 from voluntary sector and 4 from other organisations. While the shift to online delivery was made in response to the pandemic, it has benefits by allowing more accessible training by reducing travel time. A range of stakeholders including local service providers, Police Scotland, Scottish Drugs Forum, Crew, Scottish Families Affected by Drugs and Alcohol (SFAD) and NHS Ayrshire and Arran, provided training. In addition, there were 142 participants in e-learning provided by Scottish Drugs Forum. The most recent Workforce Development Training Directory is available [here](#). Appendix Two provides detail of numbers attending training.
- ADP extended the Drug Trend Monitoring Group CPD events to any interested parties. These 30 – 60 min CPD events occur twice a year and provide a relevant update from Police Scotland Drug Expert Witness Unit. Staff have found these short sessions very informative and easy to attend rather than trying to find longer periods available in their diaries. Numbers attending have been high with around 30 participants at each session.
- An evaluation of the Substance Use Education programme rolled out in Primary and Secondary Schools in November 2019 took place in November 21. This evaluation showed that as a result of the programme being launched just prior to COVID-19 pandemic there was a need to relaunch the programme. This was carried out in May for both Primary and Secondary schools along with specific training for Youth Work Services on the programme and an update from Crew on Drug Trends.
- A total of 1781 ABIs were delivered across Primary Care, Antenatal and wider settings. This was against a target of 1312 (131%).

7.5 A reduction in the affordability, availability and attractiveness of alcohol

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

- [Borders Alcohol Profile](#) was updated by Borders ADP Support Team and published in August 2021. This was presented to the Licensing Board highlighting the most recent alcohol data available, good practice recommendations from the Review of Statements of Licensing Policy 2018 – 2023 (Alcohol Focus Scotland) and Alcohol Consumption and COVID – 19.
- Due to lack of membership no Local Licensing Forum meetings have been held except the joint Licensing Board and Forum meeting in 2021/22. Scottish Borders Council colleagues are recruiting for new members from July 22.

8. Progress in relation to ADP Strategic Plan 2021-2023

The ADP Strategic Plan identified the following areas for improvement:

- Lived experience involvement
- Independent advocacy
- Pathways for people experiencing both mental health and substance use (dual diagnosis)

Below is a short update on progress:

Lived Experience involvement in development of ADP Strategy and Delivery plan.

- Lived Experience Forum: This group has been meeting over the last two years on a monthly basis and is led by the Community Engagement & Peer Naloxone Coordinator, We Are With You. Within this group are people with lived and living experience including family members. A nominated representative from this group attends the ADP Board with alongside the coordinator. A member of the ADP Support Team attends each Forum.
- Funding was provided to recruit an Addiction Worker Training Post within Scottish Drugs Forum (SDF) and hosted within We Are With You (WAWY). SDF also worked alongside WAWY to continue delivering Peer Naloxone supply to people at risk of, or likely to witness and overdose. WAWY has volunteering roles for people with lived experience.

Independent Advocacy

There is a review of existing adult independent advocacy contract in progress. Pending the outcome of this review we have extended the capacity within the existing provider to support clients with drug and alcohol problems.

Children and Young People's Leadership Group remain unable to progress a decision relating to children's advocacy due to lack of available funding.

Pathways for people experiencing both mental health and substance use (dual diagnosis)

A consultant psychiatrist is available within BAS to offer psychiatric review and both diagnostic input and medication where needed and the available hours for this role were extended using new funding.

We were successful in developing a proposal to respond to MAT 9 (All people with co-occurring drug use and mental health difficulties can receive mental health care at the point of MAT delivery) to appoint an Advanced Nurse Practitioner to improve joint working and input to adult mental health, allowing us to outreach more and offer more input where patients sit within adult and have difficulties with substances or alcohol, but do not wish for formal addictions input. This role will also support pathway development that clarifies the expectations from different services for this patient group.

BAS aims to offer support around mental health difficulties to all in service regardless of if they have a formal diagnosis of a mental illness. As part of the MAT 6 response all staff are being offered safety and stabilisation training and will be supported by psychology colleagues to deliver tier 2 interventions to those on their caseload. Alongside this the Addictions Psychology Team will accept referral and offer tier 3 or 4 work as felt needed to individuals based on formulation rather than diagnosis.

9. Areas for improvement

Alcohol related deaths

In 2020 ADPs were advised they should complete an audit of alcohol related deaths at least every three years. The first such audit locally was completed in 2017 and there has not been one undertaken since. In early 2022 the staff member identified to undertake this work became unavailable. We are hoping to get support to do this work through a Specialist Registrar in Public Health as there is no existing capacity within the ADP Support Team to complete this work.

Alcohol pathways

There is a need to ensure all opportunities for early identification of alcohol concerns for individuals are taken. There is a plan in place to work with acute sector colleagues in the first instance to improve pathways within our local hospital during 2022-23.

Improve responses for people with co-occurring alcohol and/or drug use and mental ill health.

There is work ongoing to improve joint working between the drug and alcohol services and mental health via developments as part of MAT Standards 6 and 9, however a recently published report from the [Mental Welfare Commission for Scotland 'Ending the Exclusion: Care, treatment and support for people with mental ill health and problem substance use](#) in Scotland highlights the need for more.

Future planning and governance

The reporting year has been challenging in terms of future planning. The additional funding from the National Mission has been welcomed locally, however, the information relating to funding and the allocations were issued via several letters during Summer-Autumn 2021 meaning, for most improvements, work did not start until the final quarter of the financial year.

In addition, unanticipated demands on MAT standards reporting from November 2021 – April 2022 were challenging to meet within local capacity on top of existing workplans.

There are emerging expectations from Scottish Government to enhance the guidance in the Partnership Delivery Framework² in terms of ADP governance and in particular its relationship with the Health and Social Care Partnership.

These new developments meant that much of ADP Board discussion was focussed on planning, commissioning and financial management.

The ADP is planning to review governance structures and future planning during late 2022-23. At this stage we are also waiting for indications from the Scottish Government Alcohol Care and Treatment team about local priorities.

10. Summary

Borders ADP continues to perform well in many areas related to Ministerial Priorities and it is positive to see the improvements in access to MAT recognised nationally.

The major challenge to further improvement is local capacity (both in the ADP Support Team and service staff time). During 2022-23 additional funding has been made available to increase capacity in the ADP Support Team and employ a data analyst to support MAT standards implementation.

² [Alcohol and Drug Partnerships: delivery framework - gov.scot \(www.gov.scot\)](#)

Appendix One: ADP Support Team Representation on other committees

National

- Alcohol Focus Scotland Board (Director)
- DAISy Implementation Group
- Drug Death Coordinators Meeting
- Drug Death Task Force
- Medication Assisted Treatment Standards Implementation Forums (Various)
- National Drug Death Task Force Meetings and Multiple and Complex Needs Sub-group
- Public Health Alcohol Special Interest Group (Vice Chair)
- Scottish Government and Alcohol and Drugs Partnership Quarterly Meetings and locality based liaison meetings

Local

- Adult Protection Delivery Group
- Child Protection Delivery Group
- Community Justice Board
- Children and Young People's Leadership Group
- Mental Health and Wellbeing Board
- Violence Against Women Partnership Executive and Delivery Group
- Public Protection Training and Delivery Group

Appendix Two: Training provided and numbers attending 2021-22

Course	Number attending
ABI Training	6
Benzodiazepines & Managing Emotions	23
Bereaved Through Substance Use	8
Drugs & Mental Health	12
DTMG - Cannabis Edibles CPD	30
DTMG - Drugs in Prison CPD	25
Emerging Drug Trends (2 courses)	25
Enhanced Core Communication Skills	8
Family Inclusive Practice	8
Introduction to Drug & Alcohol Services	13
Introduction to Motivational Interviewing (2 courses)	21
Introduction to Trauma	5
Introduction to SUE and Drug Awareness	10
Total	194