



**Meeting:** Highland Health & Social Care Committee

**Meeting date:** 30<sup>th</sup> August 2023

**Title:** Highland Drug & Alcohol Recovery Service (DARS) Summary Report

**Responsible Executive/Non-Executive:** Pam Cremin, Chief Officer, NHS Highland

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## 1 Purpose

This is presented to the Committee for:

- Assurance

**This report relates to:**

Medication Assisted Treatment (MAT) standards: access, choice, support (2021)

National Mission on Drug Deaths: Plan 2022-2026 (2022)

Rights, Respect and Recovery (2018)

**This report will align to the following NHSScotland quality ambition(s):**

Safe, Effective and Person Centred

## 2 Report summary

### 2.1 Situation

Following the launch of the National Mission DARS service delivery has been undergoing improvement work aimed at delivering MAT, being mindful that alcohol use remains the main reason for referral into the specialist service. Progress has been slow, primarily due to existing skill sets across NHS Highland to deliver MAT and

recruitment challenges. It is an improving picture with 2023 seeing continuous improvements across the service as a whole. This report provides a summary of progress to date.

**2.2 Background**

In 2011, the Scottish Government set a Standard that 90% of people referred for help with problematic drug or alcohol use will wait no longer than three weeks for specialist treatment that supports their recovery. The development of plans to deliver Medication Assisted Treatment Standards (MAT) has supported improvement across the service as a whole.

Working in partnership with Highland Alcohol & Drug Partnership and public health, DARS has a key role to play in the delivery of MAT. A summary of the ten standards is provided below.

**Summary of the standards**

- 1. [All people accessing services have the option to start MAT from the same day of presentation.](#)
- 2. [All people are supported to make an informed choice on what medication to use for MAT, and the appropriate dose.](#)
- 3. [All people at high risk of drug-related harm are proactively identified and offered support to commence or continue MAT.](#)
- 4. [All people are offered evidence based harm reduction at the point of MAT delivery.](#)
- 5. [All people will receive support to remain in treatment for as long as requested.](#)
- 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.](#)
- 7. [All people have the option of MAT shared with Primary Care.](#)
- 8. [All people have access to independent advocacy and support for housing, welfare and income needs.](#)
- 9. [All people with co-occurring drug use and mental health difficulties can receive mental health care at the point of MAT delivery.](#)
- 10. [All people receive trauma informed care.](#)

**2.3 Assessment**

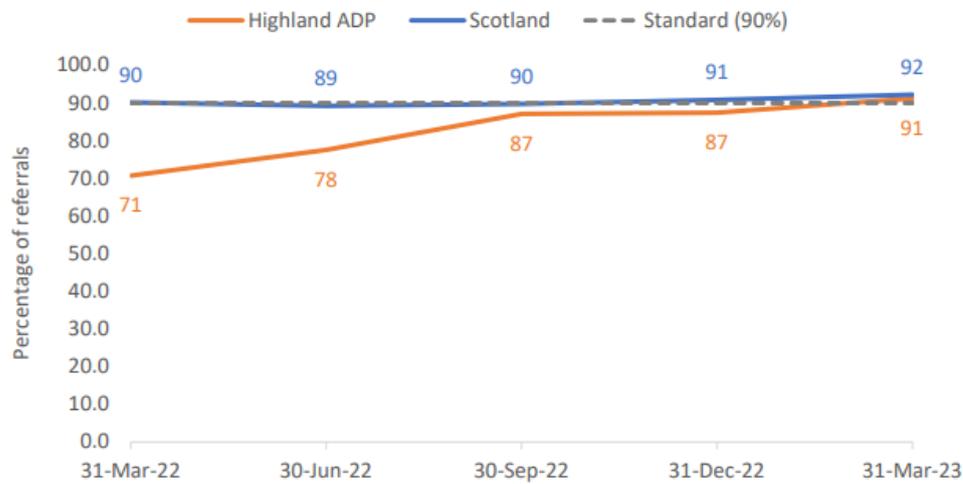
**Treatment Waiting Times Standard (Q4 – Jan to Mar 2023)**

91.2% of people accessed treatment within 3 weeks from referral against the standard of 90%. This is a slight increase on Q3 from 87.4%. The 90% standard was achieved for 99% of drug treatment clients in Q4. The application of quality improvement

methods linked to the MAT Standards in targeted locality teams, has contributed to the improving position.

**Chart 1a: Percentage of referrals waiting 3 weeks or less**

Data for: Type of wait = Completed; Area of treatment = Highland ADP; Client type = All.



Source: Drug and Alcohol Treatment Waiting Times (DATWT) database & Drug and Alcohol Information System (DAISy)

**Table 1a: Waiting times from referral to first treatment performance against standard for previous five quarters**

Data for: Type of wait = Completed; Area of treatment = Highland ADP; Client type = All.

Quarter ending	Number of waits	% Waiting 3 weeks or less
31-Mar-22	233	70.7
30-Jun-22	225	77.5
30-Sep-22	219	87.1
31-Dec-22	179	87.4
31-Mar-23	228	91.2

## 2.4 MAT Standards

The implementation of the MAT Standards by NHS DARS is progressing well with monthly reports submitted to Scot Gov since October 2022. This process will be reviewed in Sept 2023. The [MAT Standards - National Benchmarking Report \(2022/23\)](#) was published in June 2023. The RAG status for Highland is as follows:

Area	MAT 1	MA T 2	MA T 3	MA T 4	MA T 5	MA T 6	MA T 7	MA T 8	MA T 9	MAT 10
Highland	P	P		P			P	P		

P = Provisional

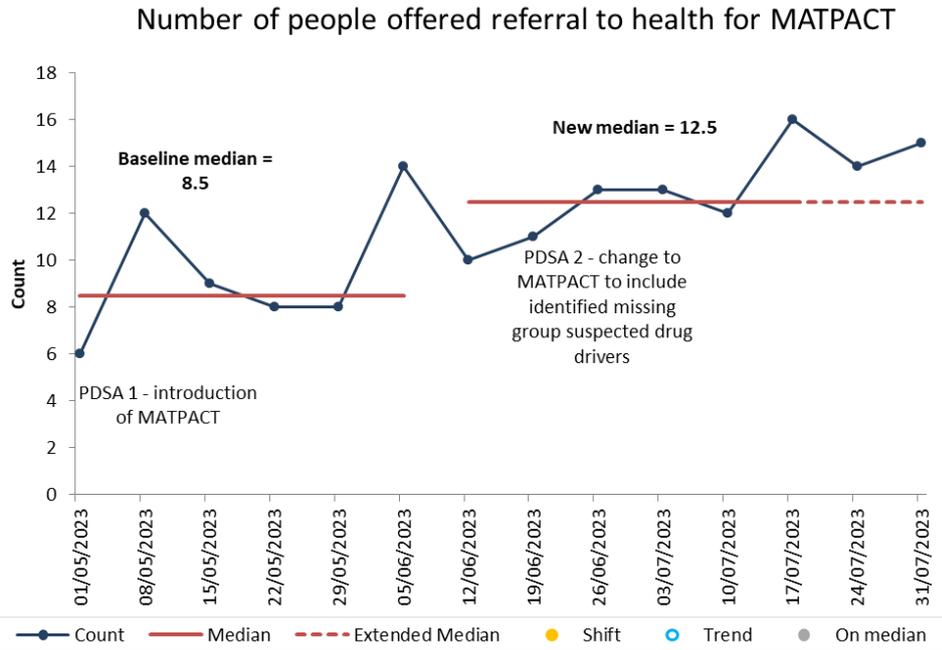
An initial RAG for MAT 6 to 10 was provided. There will be a greater focus on embedding and reporting on these standards in 2023/24. Highland has been in

discussion with the MIST (MAT Implementation Support Team, Scottish Government) regarding ongoing national support. Working groups have been established to progress MAT 6,9,10. Locality teams are updating their plans with a number of tests of change progressing well.

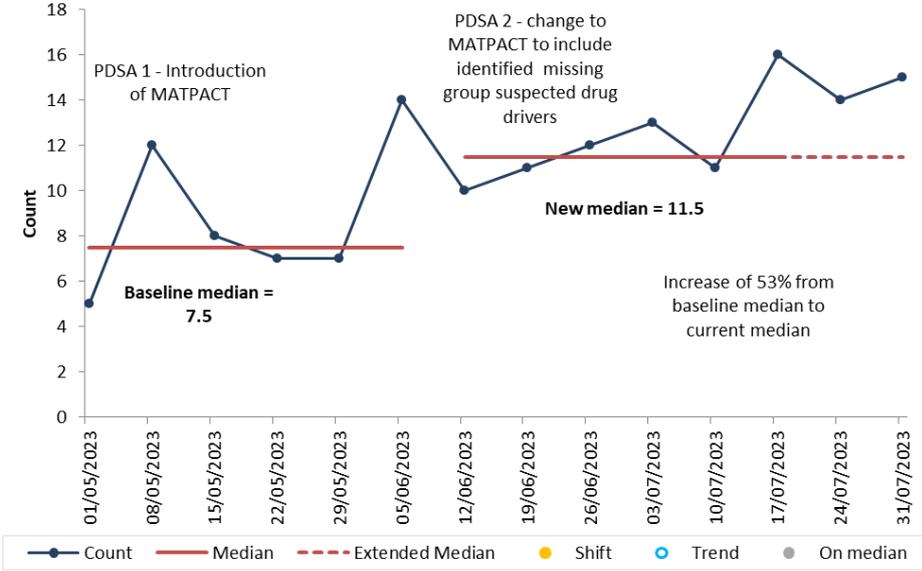
The MAT Implementation Group continues to meet on a monthly basis. The MAT Oversight Group is reviewing its terms of reference informed by the improved RAG status and has a new chair. The group plans to meet on a quarterly basis, going forward.

### 2.5 MAT Delivery In Custodial Settings

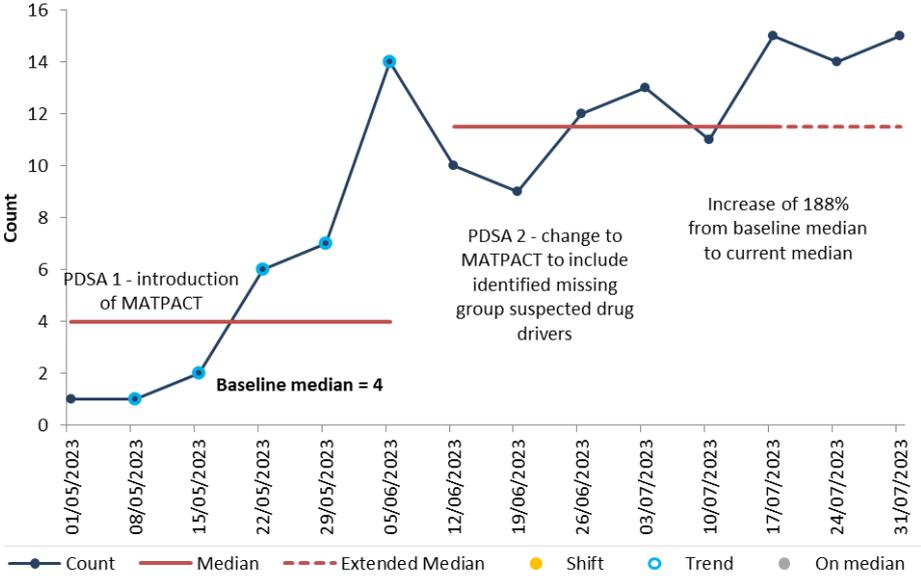
Police Custody Healthcare, have introduced a new toolkit (MATPACT) to encourage and monitor referrals, assess support and tailor interventions. The test of change has enhanced communication with community teams, including the assertive outreach team and contribute to reducing drug deaths through delivery of a range of harm reduction interventions. The team identified that most suspected drug drivers denied drug use and as such were not being referred to custody health care, resulting in missed opportunity for harm reduction. The test of change offered everyone arrested for suspected drug driving MATPACT. The Custody Healthcare Team has the opportunity to present this innovative work at an international conference and is exploring funding sources. MATPACT is being rolled out to HMP Inverness and MIST has expressed interest in rolling out the MATPACT toolkit as a national resource.



### Naloxone offered



### BBV Testing offered



### 2.6 Drug Related Deaths (2022)

At the end of Dec 2022 there were unfortunately an estimated 44 people who died from drug related death in the Highland area reported via National Records of Scotland (NRS) and the national drug related deaths database. Final reconciliation of records is completed, and the NRS report is due for publication on 22/08/23. If the figure remains at 44, this will be an increase from 36 deaths reported in 2021 and the highest figure ever for Highland. HADP and public health are preparing a press release in partnership with the NHS Communications Team in anticipation of media coverage.

Within a remote and rural context, Caithness DARS have developed a new way of working, providing outreach to people at higher risk of harm and death via alerts from partner agencies e.g. Police. The purpose is to offer immediate support to reduce harm and provide a bridge in to treatment as a key protective factor. The trigger checklist developed by Caithness team will be rolled out across the service. MIST has also expressed interest in rolling out the trigger checklist as a national resource.

The assertive outreach team is responding to non-fatal overdoses in the Inverness area. The remit of the team has been extended to cover areas out with Inverness with higher prevalence rates such as Mid and East Ross. The Team plan to broaden the criteria for higher risk of harm based on the test of change in Caithness. The longer term vision is one outreach model across Highland, based on emerging data and outcomes.

The Drug Death Review Group has produced a second 7 Minute Briefing to disseminate learning from drug death reviews to relevant partner agencies. Pregabalin in combination with opioids, benzodiazepines and alcohol appears to have contributed to more recent deaths. A drug alert was circulated via the RADAR system administered by Public Health Scotland on [Bromazolam](#). The information has been adapted and circulated locally in response to a surge in overdose situations in custody.

A public health stay safe messaging campaign for the festival season has been delivered. Radio adverts including recognizing and responding to signs of overdose have been rolled out via MFR, a series of posters and social media messages have also been disseminated with encouragement to download the HOPE App.

The campaign will be adapted for Overdose Awareness Day on 31<sup>st</sup> August with the Ness Bridge to be lit up in purple, similar to a range of landmarks across Scotland.

**2.7 Residential Rehabilitation**

The current [Highland Residential Rehabilitation Pathway](#) is in the process of review.. This work is being led by DARS in partnership with HADP and Health Improvement Scotland (HIS) . A last 10 clients QI exercise has been initiated by DARS and a joint workshop held with Beechwood House/Crossreach that focused on strengthening the pathway and ensure it aligns with good practice guidance. HIS will provide a report of the survey template completed previously and provide support to establish and progress an improvement plan. It is likely the plan will require submission to Scot Gov this autumn.

**2.8 Proposed level of Assurance**

Substantial	<input type="checkbox"/>	Moderate	<input checked="" type="checkbox"/>
Limited	<input type="checkbox"/>	None	<input type="checkbox"/>

**Comment on the level of assurance**

MAT 1 relates to same day prescribing where clinically appropriate. Areas in Highland (Lochaber, Ross-shire and HMP Inverness are without specialist prescribers. Original plans to increase Non-Medical Prescribers (NMP) and Advanced Nurse Practitioners (ANP) have been only partially successful. New plans will be progressed through implementation groups. MAT1 Plans to address include recruitment to psychiatry post, specialist pharmacist and GP. A service review will lead to realignment of current unutilised MAT funding to priority areas.

MAT 7 outcomes will lead to MAT being shared with primary care. A steering group has recently commenced. In addition it is anticipated the specialist GP role will support delivery of MAT 7.

MAT 6 & 10 is in relation to the availability of psychological interventions within trauma informed settings. Existing staff capacity, access to training and supervision, coupled with inadequate clinical space / trauma informed rooms are identified issues. A steering group led by DARS specific psychology is underway.

**3 Impact Analysis**

**3.1 Quality/ Patient Care**

Quality and patient experience is integral to the successful delivery of MAT. Evidence is being routinely gathered and submitted to MIST in relation to experience. In addition MAT Implementation Group / HADP are exploring ways to increase lived / living experience contribution to service planning

**3.2 Workforce**

There has been limited success in relation to initial plans to increase specialist functions within the service i.e. prescribers.. In addition there is a gap of DARS specific local leadership in some areas (Skye, Lochalsh and Wester Ross) There will be an internal service review and recommendations to follow.

**3.3 Financial**

Current DARS position is a predicted £426k overspend in prescribing costs mainly attributing to Buvidal which is no longer funded by SG. Last year there was an SG agreement that it could be funded from slippage in MAT funding with an explicit expectation that an alternative funding stream would be found in 2023-24 onwards. Improvement projects will be explored to reduce costs but this remains a financial risk in absence of other funding streams.

**3.4 Risk Assessment/Management**

Each MAT outcome is RAG rated and monitored via MAT Implementation and oversight groups. Progress is reported to MIST on a monthly basis.

**3.5 Data Protection**

The report does not involve personally identifiable information.

**3.6 Equality and Diversity, including health inequalities**

MAT and wider service delivery focuses on addressing health inequalities for a marginalised and stigmatised patient group. It is assumed an impact assessment is not required.

**3.7 Other impacts**

N/A

**3.8 Communication, involvement, engagement and consultation**

HADP structures  
MAT Implementation Group (monthly)  
MAT Oversight Group (Quarterly)  
MIST / MATSIN Meetings (monthly)

**3.9 Route to the Meeting**

Service Update following request from HHSCC

**4 Recommendation**

Assurance to HHSCC in relation to DARS compliance with national alcohol / drug related policy