

NHS Highland



Meeting: NHS Highland Board

Meeting date: 25 January 2022

Title: Annual Reports submitted to the Scottish Government for the Argyll and Bute Alcohol and Drugs Partnership, and the Highland Alcohol and Drugs Partnership.

Responsible Executive/Non-Executive: Dr Tim Allison, Director of Public Health

Report Author: Craig McNally, co-ordinator A&BADP, and Debbie Stewart co-ordinator of HADP

1 Purpose

This is presented to the Board for:
Assurance

This report relates to a:

- Government policy/directive

This aligns to the following NHS Scotland quality ambition(s):

- Person Centred

This report relates to the following Corporate Objective(s)

<p>Clinical and Care Excellence</p> <ul style="list-style-type: none"> • Improving health • Keeping you safe • Innovating our care 	<p>X</p> <p>X</p> <p>X</p>	<p>Partners in Care</p> <ul style="list-style-type: none"> • Working in partnership • Listening and responding • Communicating well 	<p>X</p> <p>X</p> <p>X</p>
<p>A Great Place to Work</p> <ul style="list-style-type: none"> • Growing talent • Leading by example • Being inclusive • Learning from experience 	<p>X</p> <p>X</p> <p>X</p> <p>X</p>	<p>Safe and Sustainable</p> <ul style="list-style-type: none"> • Protecting our environment • In control • Well run 	<p>X</p> <p>X</p> <p>X</p>

• Improving wellbeing	X		
Other (please explain below)			

2 Report summary

2.1 Situation

Highland NHS is host to the Argyll and Bute Alcohol and Drug Partnership (A&BADP) and the Highland Alcohol and Drug Partnership (HADP). Each ADP reports to a multi-agency strategy group made up of partners who contribute to the local ADP strategy. At council level the A&BADP reports to the Integrated Joint Board and HADP reports to the Highland Community Planning Partnership Board. Annual progress is monitored by the Scottish Government through the completion of an annual report. A&BADP's annual report is scheduled at the IJB January 26th 2022 and the HADP's annual report has already been agreed at the Highland Community Planning Partnership Board December 20th 2021.

2.2 Background

Alcohol continues to be a leading cause of illness and early death in Scotland, and significant inequalities persist in the health harms alcohol causes and in the rates of mortality related to it. NHS Highland, 2016-2020, was one of four health boards that had an alcohol-specific age standardised death rate higher than the average for Scotlandⁱ.

Drug-related deaths have been increasing since 1996 but since 2013 the upward trend has been steeper. For Scotland, in 2020, there were 1,339 drug-related deaths, a 5% increase on the previous year and the largest number ever recordedⁱⁱ.

Performance is measured by the drug and alcohol treatment waiting times. The standard is as follows: *90% of people referred for help with their drug or alcohol problem will wait no longer than three weeks for treatment that supports their recovery.* The latest statistical report, published June 2021, for the time period of 1 January to 31 March 2021, shows this standard was not met.ⁱⁱⁱ

The Scottish Government has stated that drug related deaths are a national emergency and have made substantial investment into reducing drug related deaths. A specific Drug Related Deaths Taskforce has been established to provide oversight and leadership for this work.

Of particular relevance to the NHS is the introduction of the Medication Assisted Treatment (MAT) Standards. Expected date of implementation is by April 2022.

The two national documents driving this work are:
'Rights, Respect and Recovery' 2018^{iv}, and the 'Alcohol Framework' 2018^v.

2.3 Assessment

The two annual reports provide a comprehensive narrative and explanation of how the additional finance has been invested to demonstrate progress against the Rights, Respect and Recovery strategy (2018) and the Alcohol Framework (2018) including a specific focus on the national mission of drug related deaths.

Both ADPs have made good progress, for example, in increasing the capacity of residential support for those wishing to follow a detoxification programme, introduction of the MAT standards, developing an immediate response pathway and establishing a housing first model. These programmes of work will remain a priority for 2022/23.

Both ADPs are committed to progressing the 'Planet Youth Prevention Model' (Icelandic model) and agreements with schools are in now in place.

Feedback on the content of the reports and progress made will be provided by Scottish Government separately to the ADPs and is expected in June 2022.

Areas of concern

The negative impacts of COVID-19 pandemic on individuals, families and communities in relation to alcohol and drugs is emerging and ADPs will need to show continued flexibility to meet individual and population health need.

The introduction of the MAT standards (by April 2022) is challenging because of the organisational change required, such as shared care with primary care, and ongoing recruitment issues particularly in rural areas.

The financial investment into ADPs is often confirmed later on in the financial year and for HADP in particular, with no carry forward allowed, is likely to result in underspends.

It is expected that the drug related death figures for alcohol and drugs for this reporting year will be similar to previous years. It will take more than one year to see positive outcomes against the investments made in the MAT standards.

2.4 Proposed level of Assurance

This report proposes the following level of assurance:

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

3 Impact Analysis

3.1 Quality/ Patient Care

Positive

- The additional funding directed towards residential rehabilitation and rehabilitation will reduce waiting lists.
- The introduction of the MAT standards, particularly same day access, increased choice and assertive outreach will transform the type of service currently available and will save lives.
- The development of an immediate response pathway for non-fatal drug overdose will save lives.
- The introduction of lived experience panels and additional support for service users will ensure their voices are heard.

Negative

- The introduction of the MAT standards by April 2022, although welcome, will put pressure on existing services because of the increase in work load and in particular the challenge of recruiting/retaining staff in rural and remote locations.

3.2 Workforce

The introduction of the MAT standards will be challenging for services to achieve particularly in rural locations where there are a small teams of staff and recruitment remains an issue. There is the potential for increased job satisfaction because the staff will be able to offer an immediate service and also benefit from the increase in posts with more career structure.

3.3 Financial

The funding is agreed by the two ADP strategy groups. In the Argyll and Bute council area the allocation is managed via the IJB and in Highland council area the money is managed via NHS Highland.

3.4 Risk Assessment/Management

The COVID-19 pandemic has affected all aspects of ADP work, for example, data management through to provision of services where it is difficult to recruit staff or staff become unwell. The main risk is the waiting times target is not met and that over the next three years drugs and alcohol death rates do not fall.

3.5 Data Protection

The implementation of the national Drug and Alcohol Information System (DAISy) required a Data Sharing Agreement with Public Health Scotland. This was agreed with the Caldicott Guardian and with the advice from the Data Protection Team.

An Additional data Sharing Agreement was also made between the Scottish Ambulance Service (SAS) and NHS Highland so that non fatal overdose information is directly reported by SAS to the Drugs and Alcohol Services for immediate follow up.

3.6 Equality and Diversity, including health inequalities

An impact assessment has not been completed because this is a Scottish Government annual reporting template. The template, however, includes a number of questions that relate to equality and diversity and tackling health inequalities.

Section 4: Getting it Right for Every Child, Young People and their Families. This section includes questions about support for children, young people, the families of those with problematic alcohol and drug use and those who experience gender based violence.

Section 5: Public Health Approach to Justice. This section asks questions about working with those partners involved in the custodial system including prison.

Section 6: Equalities'. This section includes protected characteristics such as: older people; people with physical disabilities, mental disabilities and sensory impairment; Lesbian, Gay, Bisexual and Transgender; minority ethnic communities; religious communities; and women and girls.

Other sections include information about the involvement of those with lived experience and tackling stigma.

3.7 Communication, involvement, engagement and consultation

The process for completion of this annual template involved partner contributions, for example, alcohol and drug recovery/treatment services, prevention/whole population-based approaches, criminal justice services and individuals with lived experience. A draft copy is circulated to strategy group members. See 3.9.

3.8 Route to the Meeting

A&BADP: The report has been agreed by the strategy group and will be presented to the Integration Joint Board, January 26th 2022.

HADP: Presented and agreed at the Highland Community Planning Partnership on 4 November 2021 and agreed by the Strategy Group on 23 November 2021.

4 Recommendation

NHS Highland Board is asked to note the assurance provided by the reports on the work of the Alcohol and Drugs Partnerships and also note the challenges relating to service delivery and health improvement.

4.1 List of appendices

The following appendices are included with this report:

Appendix Number 1: Argyll and Bute ADP annual report 2020/21

Appendix Number 2: Highland ADP annual report 2020/21

ⁱ Public Health Scotland Latest Data on Alcohol Related Deaths in Scotland 2021

[Alcohol related deaths in Scotland](#)

ⁱⁱ National Record of Scotland Drug-related deaths 2021 [Drugs related deaths Scotland 2021](#)

ⁱⁱⁱ Public Health Scotland National drug and alcohol treatment waiting times 1 January to 31 March 2021

[Drug and alcohol treatment waiting times](#)

^{iv} Scottish Government Rights Respect and Recovery 2018 [Rights Respect and Recovery 2018](#)

^v Scottish Government Alcohol framework 2018 [Alcohol Framework Scottish Government 2018](#)

ALCOHOL AND DRUG PARTNERSHIP ANNUAL REVIEW 2020/21 Argyll & Bute ADP

- I. Delivery progress
- II. Financial framework

This form is designed to capture your **progress during the financial year 2020/2021** against the [Rights, Respect and Recovery strategy](#) including the Drug Deaths Task Force [emergency response paper](#) and the [Alcohol Framework 2018](#) We recognise that each ADP is on a journey of improvement and it is likely that further progress has been made since 2020/21. Please note that we have opted for a tick box approach for this annual review but want to emphasise that the options provided are for ease of completion and it is not expected that every ADP will have all options in place. We have also included open text questions where you can share details of progress in more detail. Please ensure all sections are fully completed. **You should include any additional information in each section that you feel relevant to any services affected by COVID-19.**

The data provided in this form will allow us to provide updates and assurance to Scottish Ministers around ADP delivery. The data will also be shared with Public Health Scotland (PHS) evaluation team to inform monitoring and evaluation of drugs policy.

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

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

The Scottish Government copy should be sent by **Wednesday 14th October 2021** to: drugsmiissiondeliveryteam@gov.scot



NAME OF ADP: Argyll & Bute ADP

Key contact:

Name: Craig McNally
Job title: ADP Coordinator
Contact email: craigthomas.mcnally@nhs.scot

I. DELIVERY PROGRESS REPORT

1. Representation

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

Community Justice Partnership	<input checked="" type="checkbox"/>
Children's Partnership	<input checked="" type="checkbox"/>
Integration Authority	<input checked="" type="checkbox"/>

1.2 What organisations are represented on the ADP and who was the chair during 2020/21?

Chair (*Name, Job title, Organisation*): John Owens, Independent Chair

Representation

The public sector:

Police Scotland	<input checked="" type="checkbox"/>	
Public Health Scotland	<input type="checkbox"/>	
Alcohol and drug services	<input checked="" type="checkbox"/>	
NHS Board strategic planning	<input type="checkbox"/>	
Integration Authority	<input checked="" type="checkbox"/>	
Scottish Prison Service (where there is a prison within the geographical area)	<input type="checkbox"/>	
Children's services	<input checked="" type="checkbox"/>	
Children and families social work	<input checked="" type="checkbox"/>	
Housing	<input checked="" type="checkbox"/>	
Employability	<input type="checkbox"/>	
Community justice	<input checked="" type="checkbox"/>	
Mental health services	<input checked="" type="checkbox"/>	
Elected members	<input type="checkbox"/>	
Other	<input checked="" type="checkbox"/>	Scottish Ambulance Service, Scottish Fire and Rescue Service, Argyll and Bute Public Health, local Public Health.

The third sector:

Commissioned alcohol and drug services	<input checked="" type="checkbox"/>	
Third sector representative organisation	<input checked="" type="checkbox"/>	
Other third sector organisations	<input type="checkbox"/>	Please provide details.....

People with lived / living experience	<input checked="" type="checkbox"/>	
Other community representatives	<input checked="" type="checkbox"/>	Families with lived and living experience



Other Please provide details.....

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

Membership

Papers and minutes of meetings

Annual reports/reviews

Strategic plan

https://www.argyllandbuteadp.info/img/final_a%26b_adp_strategy_2020-23.pdf

1.4 How many times did the ADP executive/ oversight group meet during 2020/21?
There were 7 full meeting of the ADP

1.5 Please give details of the staff employed within the ADP Support Team

Job Title	Whole Time Equivalent
1.ADP Coordinator	1.0
2.Information, Research and Performance Officer	1.0
3.Development Worker	0.75
Total WTE	2.75

2. Education and Prevention

2.1 In what format was information provided to the general public on local treatment and support services available within the ADP?
Please tick those that apply (please note that this question is in reference to the ADP and not individual services)

Leaflets/ take home information	<input type="checkbox"/>
Posters	<input type="checkbox"/>
Website/ social media	<input checked="" type="checkbox"/>
Please provide links	
Accessible formats (e.g. in different languages)	<input type="checkbox"/>
Please provide details.....	
Other	<input type="checkbox"/>
Please provide details.....	

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

Scottish Government Covid-19 advice; International Day of the Midwife 2020; World Maternal Mental Health Day 2020; Clear your Head Campaign 2020; Caring for People Helpline in Argyll and Bute 2020; International Nurses Day 2020; SFAD Anonymous Pen Pals; SFAD take home Naloxone delivery; Sober Spring 2020; International Women's Day 2020; Infant Mental Health Awareness Week 2020; Diabetes Week 2020; Fair Start Scotland; Carers Week 2020; World Hepatitis Day 2020; NHS Inform Covid-19 Alcohol Advice; Loneliness Awareness Week 2020; Men's Health Week 2020; Dry January 2020 and 2021; Police Scotland Summer Safety Campaign 2020; Anti Stigma Summer 2020; International Overdose Awareness Day 2020; World Photography Day 2020; Suicide Prevention Week 2020; Scottish Housing Day 2020; Flu Vaccination 2020; Carers Week 2020; Challenge Poverty Week 2020; Alcohol



Awareness Week 2020; World Mental Health Day 2020; Day of the Girl 2020; Restart a Heart Day 2020; Living Wage Week; Scotland Loves Local 2020; Adoption Week 2020; National Befriending Week 2020; International Stress Awareness Week 2020; World Kindness Day 2020; Men’s Mental Health Month 2020; Trans Awareness Week 2020; World Aids Day 2020; Migrants Day 2020; Time to Talk Day 2021; International Day of Happiness 2021; MAT Standards Awareness Raising 2020-21.

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

SCHOOL BASED WORK – Work with the education department to provide school based support and education services in nine of the ten Secondary Schools across Argyll & Bute. The education interventions vary in length and type and have significantly changed in some cases because access to the schools has been limited or stopped. There has been a change to texting, phoning and use of Webchat, Skype and social media as well as meeting outside and in locations off campus. The support work is not exclusively targeted at people with identified drug or alcohol use issues (their own or another’s use) but is open ended in order that young people can gain support for a range of issues. This is viewed as part of an early intervention strategy which is hoped will prevent young people from turning to alcohol or drugs as a coping mechanism.

COUNSELLING SERVICE – The ADP has funded a counselling service for Primary 6 and 7 pupils to compliment the Scottish Government funding of counsellors in secondary schools. This covers an important transitional period in a child’s emotional, physical, social as well as educational journey.

COOL2TALK – A Web based question and answer service aimed at 12 – 25 year olds. The service answer questions posted on a website within 24 hours. The questions are often around relationship issues and how to cope with stress. The ADP has been the main funder of this service for a number of years. Although there are only a few questions which are specifically related to the use of alcohol or drugs the service is seen as an opportunity for early intervention and prevention rather than as a specific support for alcohol and drug issues. People can also book online counselling sessions which offer real time support on any issue.

S3 DRAMA - The ADP has supported the S3 Drama programme, both financially and by attending a number of the events, for several years. The yearly programme is a partnership approach between Health and Education where a drama production, pupil workshop, three lessons plans, a Q&A with service providers and a pupil resource booklet are provided for each S3 pupil. In the last three years this has been part of a roadshow delivered around October. Due to the pandemic the initiative was scaled back to include a live online drama production facilitated by classroom teachers and delivered in March 2021 followed by three lesson plans. The drama production covers a wide range of issues including alcohol use, sexual exploitation, sexuality, mental wellbeing, self harm and other key issues. Previous evaluations have consistently demonstrated that pupils are better informed of services and have found the medium of drama particularly effective.

2.4 Please provide details of where these measures / services / projects were delivered

Formal setting such as schools



Youth Groups



Community Learning and Development



Other – please provide details



Telephone, email, social media, one to one outside (walking, etc) and online.

2.5 Please detail how much was spend on Education / Prevention activities in the different settings above

Formal setting such as schools

Youth Groups



Community Learning and Development
Other – please provide details

2.6 Was the ADP represented at the alcohol Licensing Forum?

Yes
No

Please provide details (max 300 words)

The ADP Coordinator and Information, Research and Performance Officer have both previously attended the Alcohol Licensing Forum, however the Argyll & Bute forum has been in hiatus for some time. During 2019 the ADP had several meetings and conversations with the Council Legal Team about re-establishing the Forum. This was delayed by the Covid-19 outbreak but is expected to happen at some point.

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

All
Most
Some
None

Please provide details (max 300 words)

The ADP usually receive licensing applications and will comment where appropriate. This was previously the responsibility of a Health Improvement Officer but the action to reinstate input from Public Health is on hold due to the Covid-19 outbreak.

3. RRR Treatment and Recovery - Eight point plan

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

3.1 During 2020/21 was there an Immediate Response Pathway for Non-fatal Overdose in place?

Yes
No
In development

Please give details of developments (max 300 words)

The service had been in discussion with North Highland regarding point of contact for immediate information sharing however this has proven difficult over 2 sites and it has remained that the A&B information is sent weekly. Moving forward A&B will be looking at their own point of contact from the Scottish Ambulance Service. However, we continue, as part of the substance misuse liaison service, to access the weekly NFOD report. He then attempts to follow up with individuals who are either not known to service or not currently on caseload. Those already known are contacted for immediate follow up. Both groups are offered Naloxone training and supply. The liaison nurse is also developing pathways within A&E departments to provide immediate access and Naloxone training/supply.

3.2 Please provide details on the process for rapid re-engagement in alcohol and/or drug services following a period of absence, particularly for those at risk and during COVID-19. Are services fully open at normal levels / blended services on offer? (max 300 words).



Part of discharge planning within the statutory service has always included a scenario for rapid re-engagement. Services are fully open however a blended service can be offered where individuals are still wary of face to face contact. They have a variety of platforms available for use whether this be telephone, video calls and NearMe.

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

- | | |
|--|-------------------------------------|
| Same day prescribing of OST | <input type="checkbox"/> |
| Methadone | <input checked="" type="checkbox"/> |
| Buprenorphine and naloxone combined (Suboxone) | <input checked="" type="checkbox"/> |
| Buprenorphine sublingual | <input checked="" type="checkbox"/> |
| Buprenorphine depot | <input checked="" type="checkbox"/> |
| Diamorphine | <input type="checkbox"/> |
| Naloxone | <input checked="" type="checkbox"/> |
| BBV Screening | <input checked="" type="checkbox"/> |
| Access to crisis support | <input checked="" type="checkbox"/> |
| Access to detox from opiates/benzos - rehab | <input checked="" type="checkbox"/> |
| Other non-opioid based treatment options | <input checked="" type="checkbox"/> |
- Harm reduction services are available as fixed site needle exchange in Oban and pharmacy based throughout A&B. Psychosocial support is available throughout A&B.

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

Our non statutory service continue to actively promote the service to all GPs & partner agencies throughout Argyll & Bute. The ongoing restrictions from Covid forced the service to react quickly and offer new ways to reach people who need support to address their substance issues and the people who needed support to cope with someone else's substance misuse. As per Government guidelines they had all been working from home offering telephone appointments as well as video/whatsapp calls to people on their caseload. They also advised through social media, leaflets and telephone calls to all local agencies that they were open, taking referrals and outlining what was available. They also offered welfare checks and walk and talk sessions to people throughout this period if they were considered high risk or vulnerable. Staff have been trained to provide and administer Naloxone and have been able to distribute Naloxone to individuals and their family members, there is a click and collect IEP service throughout Argyll and Bute, which was particularly helpful when some pharmacies withdrew this service at the beginning of lockdown. They introduced online Mutual Aid Partnership group sessions twice weekly locally and once per week nationally. Family support has been offered online using the CRAFT (Community Reinforcement and Family Training) Programme which is a time limited intervention. Since the easing of restrictions they have resumed home visits, increased person to person appointments and group sessions. However, they do continue to offer a blended support.

All office bases are risk assessed to ensure the buildings are safe for staff and service users. Staff are actively reaching out to all local resources to work with a ROSC approach to ensure individuals get the best service possible.

In collaboration with Housing First a post for a practitioner covering homelessness, mental health and substance use was developed. This will go live in November 2021. The premise being that the person at risk of homelessness or being homeless will have the stability of adequate housing and the services will then be wrapped around this. The Substance Misuse Liaison service, initiated last year, has continued to grow throughout this year and has proven to be very successful. The addition of an ABI practitioner to this service has increased the spread of awareness into secondary care physical health services with plans to move into gastroenterology this year.



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

- | | |
|---|-------------------------------------|
| Fibro scanning | <input type="checkbox"/> |
| Alcohol related cognitive screening (e.g. for ARBD) | <input type="checkbox"/> |
| Community alcohol detox | <input checked="" type="checkbox"/> |
| Inpatient alcohol detox | <input checked="" type="checkbox"/> |
| Alcohol hospital liaison | <input checked="" type="checkbox"/> |
| Access to alcohol medication (Antabuse, Acamprase etc.) | <input checked="" type="checkbox"/> |
| Arrangements for the delivery of alcohol brief interventions in all priority settings | <input checked="" type="checkbox"/> |
| Arrangements of the delivery of ABIs in non-priority settings | <input checked="" type="checkbox"/> |
| Other – Please provide details | <input checked="" type="checkbox"/> |
- Arrangements for ABIs are in place however more work needs to be done in this area to improve delivery across all areas. As such a post has been funded to prioritise this work, however, access to patients and clinical locations has been very restricted due to the pandemic.

People engage in effective high quality treatment and recovery services

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

	<i>Adult Services</i>	<i>Children and Family Services</i>
Third sector	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Public sector	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>

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

Our third sector substance misuse organisation have a quarterly 360 review of the service which looks at performance and compliance. The statutory sector case file audits are undertaken on an annual basis. Wiseman work load tool is completed twice yearly to balance levels of staffing against the actual workload of each team member. This is then reviewed with service manager, human resources, finance and lead professional. Case reviews are carried out with clinical governance in response to DATIX reports.

Thank you for completing the recent Scottish Government ADP Pathways Survey, which gathered data for 2019/20. The following questions look to gather the same data for 2020/21.

3.8 Were there pathways for people to access residential rehabilitation in your area in 2020/21?

- Yes
No

Please give details below (including referral and assessment process, and a breakdown between alcohol and drugs referrals) (max 300 words)

Statutory service - Limited funding was available to provide for residential rehabilitation and the service will refer to either Phoenix Futures in Glasgow or Kings Court, Tighnabruich. As this was limited funding it is expected that the individual being considered for rehab has engaged with services and has been unable to manage their recovery in the community setting and will commit to engaging in follow up with community services following their placement. The changes to funding for the coming years will make this easier to access and provide another strand to care and treatment for individuals in A&B. The ADP



Support Team are working to create a group that will review the pathway and make decisions on access to residential rehab and post rehab support.

3.9 How many people started a residential rehab placement during 2020/21? (if possible, please provide a gender breakdown)
1 male and 1 female

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

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

For people with lived experience:

- Feedback/ complaints process
- Questionnaires/ surveys
- Focus groups / panels
- Lived/living experience group/ forum
- Board Representation within services
- Board Representation at ADP
- Other Please provide details.....

Please provide additional information (optional)
[Click or tap here to enter text.](#)

For family members:

- Feedback/ complaints process
- Questionnaires/ surveys
- Focus groups / panels
- Lived/living experience group/ forum
- Board Representation within services
- Board Representation at ADP
- Other Please provide details.....

Please provide additional information (optional)
[Click or tap here to enter text.](#)

3.11 Had the involvement of people with lived/ living experience, including that of family members, changed over the course of the 2020/21 financial year?

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

Please give details of any changes (max 300 words)
Over the course of 2020/21 we have seen an increase in family members, in particular, looking to be involved more in their local communities. Our family support group in Helensburgh has increased membership from 8 to 18 in the past 12 months. We also have groups starting in Cowal and Oban. LAAS started up a RAP group (Recovery Advocacy Project) with lived experience member looking at



what support services are available in each local area and what time is needed to have a whole community approach. We also have 8 lived/living experience volunteers helping in the Cowal area to set up a hub that allows a safe space for anyone to attend who has substance use issues. They will be offered support and sign posted in to services if they wish.

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

Yes
No

Please give details below (max 300 words)

During Covid19 it has been difficult to get people involved in services. WAWY do run a volunteer programme for people with lived/living experience and this allows them to support people in their local communities. During lock down they ran a soup stop at the train station in Helensburgh and this was run by volunteers. The recovery group in Oban were delivering food parcels around Oban to families who need help; people who were unable to leave their home for various reasons and anyone who really needed some support. The food bank in Dunoon saw a huge increase of people coming in and they got some volunteers from their recovery group to help and this has led to the 8 volunteers looking to help set up the community hub in Cowal.

People access interventions to reduce drug related harm

3.13 Which of these settings offered the following to the public during 2020/21? (mark all that apply)

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

Click or tap here to enter text.



A person-centred approach is developed

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

Fully embedded
Partially embedded
Not embedded

Please provide details (max 300 words)

Argyll & Bute ADP worked closely with SDF National Quality Improvement Team to develop a Recovery Oriented System of Care that built on the ten identified areas of need within the Outcome Web. The model was widely promoted by SDF as a potential approach for ADPs who were struggling to develop a local ROSC. It identified organisations and agencies who could support individual needs in one or more of the identified needs areas and, through the establishment of an integrated, tiered partnership referral system, supported the creation of smooth pathways between services for people in recovery. In July 2021 a 0.5 WTE member of staff has been working within the ADP Support Team to reimagine, rebrand and add this to the ADP Website. Later an app will be created.

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

Yes
No

Please provide details (max 300 words)

While there is no specific pathway in place, communication and joint working of individuals with both mental health and drug and/or alcohol problems takes place. The only joint position for this is on Islay where funding was merged between the Community Mental Health Team and the Addictions Team (statutory) to provide a full time service for the island. Both the Alcohol and Drug Team (statutory) and the Mental Health team fall within the same management structure of the HSCP making communication and joint working easily managed without the need for a protocol.

Is staff training provided (dual diagnosis)?

Yes
No

There is an elearning resource on TURAS for co-morbidity.

Have mental health services requested Naloxone following updated guidelines from the Lord Advocate?

Yes
No

Please provide details (max 300 words)

The recovery community achieves its potential

3.16 Were there active recovery communities in your area during the year 2020/21?

Yes
No

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

Yes



No

3.18 Please provide a short description of the recovery communities in your area during the year 2020/21 and how they have been supported (max 300 words)

During the pandemic it was harder for the recovery groups to come together. In Oban as the recovery group is based in Hope Kitchen they were able to open sooner as they were classed as a cafe. This allowed the recovery group to offer assistance in the community by helping with food parcels and the food bank. They also started walking groups and had a garden project to encourage people to come out in to the fresh air. This also saw an increase in numbers attending the cafe and at the recovery group. Helensburgh also started walking groups. We also gave the Welcome in Recovery Group extra funds to be able to support people who were feeling isolated because they couldn't attend. They purchased phones for people to allow them to communicate while being at home. The Welcome Inn opened in the garden of their premises in May 2021 and saw an increase in numbers attending; they are looking more at a whole community approach. Cowal services have come together and will be opening a hub. This will allow people who attend and have access to all the service available in the area along with support from advocacy. This will also be available for people looking for a cuppa and a chat. We also have GP's in Cowal supporting this project.

A trauma-informed approach is developed

3.19 During 2020/21 have services adopted a [trauma-informed approach](#)?

All services
 The majority of services
 Some services
 No services

Please provide a summary of progress (max 300 words)

The statutory service - Trauma has been recognised as a significant concern amongst individuals accessing drug and alcohol services and as such this has been taken into account in all contacts. This recognition can inform the individuals requirements in accessing treatment services, for example, recognition that the gender of the worker can be a barrier. The non-statutory service - Staff were all trained in ACEs. We Are With You have launched a new training programme for all staff which establishes a three phase approach to the delivery of Trauma Informed Care.

An intelligence-led approach future-proofs delivery

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

Alcohol harms group
 Alcohol death audits (work being supported by AFS)
 Drug death review group
 Drug trend monitoring group
 Other Please provide details.....

3.21 Please provide a summary of arrangements which were in place to carry out reviews on alcohol related deaths and how lessons learned are built into practice. If none, please detail why (max 300 words)

Click or tap here to enter text.



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

Drug related deaths are reviewed on an individual basis by the ADP's DRD group. The information from these groups is disseminated back to teams for discussion around the circumstances of each and for team and service development.

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

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

Yes
No

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

The ADP fund the Education Department to engage services for young people through their ten secondary schools. The services are provided by local agencies with specialist training in supporting people. The service offered is not exclusively aimed at young people with alcohol or drug use problems but provides a more universal approach to support with the view that engaging young people early gives us the opportunity to reduce the risk of problematic use in the future. We aim to undertake a needs analysis to determine the shape of future support services for young people. The service mentioned above provides this service to young people in Argyll & Bute. As part of our reporting process to the ADP each service identifies the nature of the issue/s young people have sought support for including where the support need is related to their own or someone else drug or alcohol use (parent, family member, friend or other).

The ADP provide additional funding to the school counselling service, which is funded by Scottish Government in secondary schools, for pupils in primary 6 and 7.

We have recently received the results of a needs analysis which will inform how we take services for children and young people forward. The ADP is one of the areas signed up to pilot the Icelandic Prevention Model.

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

Yes
No

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

As indicated above the ADP currently funds the education department to contract support services within each of the secondary schools. As part of the recording and reporting mechanism service providers indicate whether a young person has sought support for issues relating to the drug or alcohol use of a family member. The support workers offer group sessions and one to one support, they also have access to CAMHS for support if needed. We also part fund a COOL2TALK service which is web based question and answer service which has additional capacity for one-to-one support sessions where people aged 12-25 are able to speak to professionals confidentially online.

We have recently received the results of a needs analysis which will inform how we take services for children and young people forward. The ADP is one of the areas signed up to pilot the Icelandic Prevention Model.



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

Yes
No

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

The ADP Coordinator (or delegate) sits on, and has contributed to, the development of the Child Protection Committee which feeds in to the HSCPs Integrated Children's Plan. The ADP has responsibility for delivery against targets on the CPC Improvement Plan, specifically around ensuring appropriate levels of service available to support young people with needs relating to their own or others drug or alcohol use. The ADP is one of the areas signed up to pilot the Icelandic Prevention Model.

4.4 Did services for children and young people, with alcohol and/or drugs problems, change in the 2020/21 financial year?

Improved
Stayed the same
Scaled back
No longer in place

Please provide additional information (max 300 words)

The services provided were the same, yet different. Access through text, email, FaceTime, etc have made the service more accessible and relatable for children and young people. Generally the services have seen less pupils but this is due to restrictions on access to schools. One service closed entirely because of Covid-19, this service covered three schools and one school has yet to identify a replacement service.

4.5 Did services for children and young people, affected by alcohol and/or drug problems of a parent / carer or other adult, change in the 2020/21 financial year?

Improved
Stayed the same
Scaled back
No longer in place

Please provide additional information (max 300 words)

The services provided were the same, albeit delivered different. Access through text, email, FaceTime, etc have made the service more accessible and relatable for children and young people. Generally the services have seen less pupils but this is due to restrictions on access to schools. One service closed entirely because of Covid-19, this service covered three schools and one school has yet to identify a replacement service.

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

Yes
No

Please provide details (max 300 words)

We have a family support group set up in the Helensburgh area. This is for adult support. The group now has 18 members and membership is increasing. They are looking to become a charity so they are



able to fund raise and get more regular support in place for families. Oban and Cowal will have support groups set up over the next 6 months.

4.7 Did services for adult family members change in the 2020/21 financial year?

- Improved
 Stayed the same
 Scaled back
 No longer in place

Please provide additional information (max 300 words)

We now have two new support services starting in Cowal and Oban. We have also offered CRAFT training to all family members and support workers in Argyll and Bute.

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

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

Please provide additional information (max 300 words)

The ADP has worked with Lomond & Argyll Advocacy Service, Scottish Recovery Consortium and REACH Advocacy to establish a peer led Recovery Advocacy Service in Argyll & Bute. This service will support the whole family. The recovery communities and family support groups throughout Argyll & Bute have received funding from the ADP. Part of this funding is to undertake social activities aimed at increasing mental and physical wellbeing as well as bonding. The ADP works in partnership with Rape Crisis to provide services to people aged 12-25. This is additional to the core service Rape crisis offer in Argyll & Bute which all service providers can refer to.

5. A Public Health Approach to Justice

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

- Yes
 No
 No prison in ADP area

Please provide details on how effective the arrangements were in making this happen (max 300 words)

Whilst there is no prison in the area, it is our intention to establish arrangements to ensure prisoners, who are identified as at risk, left prison with naloxone?



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

- Information sharing
- Providing advice/ guidance
- Coordinating activities
- Joint funding of activities
- Upon release, is access available to non-fatal overdose pathways? I may be misunderstanding this question but access to the NFO pathway is available if those released go on to suffer an NFO.
- Other Please provide details

Please provide details (max 300 words)

The ADP coordinator and Community Justice Coordinators have worked closely to ensure there is a shared approach to supporting people within the criminal justice system. This has included joint working on strategic planning and development of approaches. The Community Justice Coordinator secured funding through the Scottish Governments drug and alcohol national funding programme to undertake an analysis of the experiences of people leaving prisons and moving back into services in Argyll & Bute. The findings from this will be used to redesign and develop more effective pathways which ensure people don't fall through the gaps when leaving prison. Due to the pandemic, this project end date has been delayed, expected end date is now March 2022.

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

- Information sharing
- Providing advice/ guidance
- Coordinating activities
- Joint funding of activities
- Other Please provide details

Please provide details (max 300 words)

The ADP Coordinator and Community Justice Coordinator sit on the steering group of each other's committee. There are regular joint planning meetings between the two coordinators. This impacts on a wide range of work programmes where the identified client group are often the same, including Naloxone, Criminal Justice Pathways, Housing, access to treatment and support.

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

a) Upon arrest

The ADP, in partnership with Community Justice, Criminal Justice, Police Scotland and We Are With You, established a Custody to Community pathway for people held in Police Custody who wished to speak to a member of staff from We Are With You. The offer of support is not limited to those with identified needs associated with their use of alcohol or drugs but can link into a wide range of services and opportunities

through the ADP ROSC. We Are With You function as a first point of contact and link people into the appropriate service providers on their release from custody. If an individual is admitted to prison and is in receipt of ORT, the prison contacts the service prescribing this to confirm both the prescription and the willingness of the service to continue this on release. Due to the challenges of the pandemic, this pathway requires review, this will form one of the Argyll & Bute Community Justice Partnership Priorities for 2022/2023, in partnership with the ADP.

b) Upon release from prison

The ADP and CJC continue to work in partnership on the development of the Custody to Community Pathways for those people leaving Prison and returning to Argyll & Bute. Central to this is the need to ensure all are provided with Naloxone on liberation. As there is no prison in Argyll & Bute and prisoners can be held in a range of prisons the work to ensure an equitable approach has involved discussing between the Community Justice Coordinator and a number of Prison Governors. Prior to release from prison the addiction staff contact the service in order to continue with any clinical treatments in the community. This has worked well for the continuation of prescribed methadone and buprenorphine. There has been no indication that the process being used does not work. Should there be a requirement under a release order for the individual to engage with treatment services, this is normally arranged prior to release through criminal justice social work as they have the statutory responsibility of monitoring the order. Again there has been no indication that this does not work. Due to the pandemic, this project end date has been delayed, expected end date is now March 2022.

6. Equalities

Please give details of any specific services or interventions which were undertaken during 2020/21 to support the following equalities groups:

6.1 Older people *(please note that C&YP is asked separately in section 4 above)*

[Click or tap here to enter text.](#)

6.2 People with physical disabilities

[Click or tap here to enter text.](#)

6.3 People with sensory impairments

[Click or tap here to enter text.](#)

6.4 People with learning difficulties / cognitive impairments.

[Click or tap here to enter text.](#)

6.5 LGBTQ+ communities

[Click or tap here to enter text.](#)

6.6 Minority ethnic communities

[Click or tap here to enter text.](#)

6.7 Religious communities

[Click or tap here to enter text.](#)

6.8 Women and girls (including pregnancy and maternity)

[Click or tap here to enter text.](#)



II. FINANCIAL FRAMEWORK 2020/21

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

A) Total Income from all sources

Funding Source (If a breakdown is not possible please show as a total)	£
Scottish Government funding via NHS Board baseline allocation to Integration Authority	972,277
2020/21 Programme for Government Funding	
Additional funding from Integration Authority	750,804
Funding from Local Authority	
Funding from NHS Board	355,931
Total funding from other sources not detailed above	
Carry forwards	
Other	
Total	2,079,012

B) Total Expenditure from sources

	£
Prevention including educational inputs, licensing objectives, Alcohol Brief Interventions)	49,754
Community based treatment and recovery services for adults	1,290,948
Inpatient detox services	
Residential rehabilitation services	354,467
Recovery community initiatives	49,500
Advocacy Services	30,000
Services for families affected by alcohol and drug use	
Alcohol and drug services specifically for children and young people	70,652
Community treatment and support services specifically for people in the justice system	
Other - Drug Death Taskforce	29,500
Total	1,874,821

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

- Scottish Government funding via NHS Board baseline allocation to Integration Authority
- 2020/21 Programme for Government Funding

Yes
No



Please provide details (max 300 words)

The ADP is a strategic group with direct responsibility to the IJB.

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

Yes

No

Please provide details (max 300 words)

The ADP works as part of the integrated HSCP structure which includes the Children's Partnership and Community Justice Partnership. The IJB has direct responsibility for the ADP within Argyll & Bute.



ALCOHOL AND DRUG PARTNERSHIP ANNUAL REVIEW 2020/21 Highland

- I. Delivery progress
- II. Financial framework

This form is designed to capture your **progress during the financial year 2020/2021** against the [Rights, Respect and Recovery strategy](#) including the Drug Deaths Task Force [emergency response paper](#) and the [Alcohol Framework 2018](#) We recognise that each ADP is on a journey of improvement and it is likely that further progress has been made since 2020/21. Please note that we have opted for a tick box approach for this annual review but want to emphasise that the options provided are for ease of completion and it is not expected that every ADP will have all options in place. We have also included open text questions where you can share details of progress in more detail. Please ensure all sections are fully completed. **You should include any additional information in each section that you feel relevant to any services affected by COVID-19.**

The data provided in this form will allow us to provide updates and assurance to Scottish Ministers around ADP delivery. The data will also be shared with Public Health Scotland (PHS) evaluation team to inform monitoring and evaluation of drugs policy.

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

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

The Scottish Government copy should be sent by **Wednesday 14th October 2021** to: drugsmissondeliveryteam@gov.scot



NAME OF ADP: Highland

Key contact:

Name: Debbie Stewart

Job title: Coordinator

Contact email: deborah.stewart2@nhs.scot

I. DELIVERY PROGRESS REPORT

1. Representation

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

Community Justice Partnership

Children's Partnership

Integration Authority

Highland works to a lead agency model. HADP therefore reports to the Community Planning Partnership, but does liaise with the Highland Health and Social Care Committee.

1.2 What organisations are represented on the ADP and who was the chair during 2020/21?

Chair (*Name, Job title, Organisation*): Elisabeth Smart, Public Health Consultant, NHS Highland

Representation

The public sector:

Police Scotland

Public Health Scotland

Alcohol and drug services

NHS Board strategic planning

Integration Authority

Scottish Prison Service (where there is a prison within the geographical area)

Children's services

Children and families social work

Housing

Employability

Community justice

Mental health services

Elected members

Other

The third sector:

Commissioned alcohol and drug services

Third sector representative organisation

Other third sector organisations Please provide details - Where a Third Sector representative is Chair of a working group. E.g., New Start Highland currently Chair the Housing First Advisory Group and therefore sit on the HADP Strategy Group in this capacity.

People with lived / living experience

Other community representatives

Other Please provide details.....

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



Membership	<input checked="" type="checkbox"/>
Papers and minutes of meetings	<input checked="" type="checkbox"/>
Annual reports/reviews	<input checked="" type="checkbox"/>
Strategic plan	<input checked="" type="checkbox"/>

1.4 How many times did the ADP executive/ oversight group meet during 2020/21?

4

1.5 Please give details of the staff employed within the ADP Support Team

Job Title	Whole Time Equivalent
1.Coordinator	1
2.Development Manager	1
3.Research and Intelligence Specialist	1
4.Administration Officer	1
Total WTE = 4	

2. Education and Prevention

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

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

Leaflets/ take home information	<input checked="" type="checkbox"/>
Posters	<input checked="" type="checkbox"/>
Website/ social media	<input checked="" type="checkbox"/>
Please provide links	
Accessible formats (e.g. in different languages)	<input type="checkbox"/>
Please provide details.....	
Other	<input checked="" type="checkbox"/>
Please provide details.....	

The majority of the above is available from the HADP website: <https://www.highland-adp.org.uk/> including a regularly updated service directory: [Directory-of-Services-2020.pdf](https://www.highland-adp.org.uk/Directory-of-Services-2020.pdf) ([highland-adp.org.uk](https://www.highland-adp.org.uk/)) Facebook: [//www.facebook.com/HighlandADP](https://www.facebook.com/HighlandADP) and Twitter: <https://twitter.com/HighlandADPaccounts> is also routinely administered. HADP produces a bi-weekly Bulletin: Highland Alcohol & Drugs Partnership - HADP ([highland-adp.org.uk](https://www.highland-adp.org.uk/)) for partners, professionals and the public. Partners also administer the Highland Substance Awareness Toolkit <https://www.highlandsubstanceawareness.scot.nhs.uk/> The Toolkit is an online prevention and education resource that provides information to young people, parents/carers and professionals. HADP has developed the Highland Overdose Prevention and Engagement (HOPE) App: Hope APP: Android - <https://bit.ly/3tawMkA> Apple - <https://apple.co/39XfjEi>) to provide a range of information on harm reduction, responding to overdose situations, treatment and access to services across Highland in an accessible digital format. DARS are in the process of providing information in different languages. HADP has provided advice to support development of a mutual aid group for Polish people: <https://www.ross-shirejournal.co.uk/news/polish-man-sets-up-alcoholics-anonymous-group-to-support-fellow-immigrants-193367/>



2.2 Please provide details of any specific communications campaigns or activities carried out during 20/21 (E.g. Count 14 / specific communication with people who alcohol / drugs and/or at risk) (max 300 words).

HADP directly contributed to the drug and alcohol information on the NHS Inform website in relation to Covid and alcohol and drug use. This information along with Count14 is continuously promoted via local media and awareness campaigns. HADP has communicated relevant awareness raising information to local communities via the community partnership structure. A range of resources have been shared via; community hubs, staff websites, NHS public website, HADP website, HADP Bulletin, partner websites and Highland Substance Awareness Toolkit (H-SAT).

HADP's annual campaign to raise awareness of Fetal Alcohol Spectrum Disorder (FASD) influenced the roll out of a national campaign developed by Alcohol Focus in September 2020 with some Highland messaging adapted for a national audience. Awareness raising campaigns have been delivered for Alcohol Awareness Week, with Count14 information included in pay slips and via social media. Communications campaigns have also been delivered to raise awareness of Overdose Awareness Day, summer festivals and the festive stay safe campaign. Content includes targeted infomercials communicated via Moray Firth Radio (MFR), to raise awareness of; People First Language to reduce stigma, Safer Partying (harm reduction information relevant to the use of stimulant drugs), Be Overdose Aware (how to; recognise signs, respond in an emergency, administer naloxone, where to access help and support) and low risk drinking (Count14). The annual Substance Aware School (SAS) Award provides opportunities to raise public awareness of the prevention and education work undertaken in schools and wider youth work settings.

People with lived experience including people currently in prison, participated in the development of the Highland Overdose Prevention and Engagement (HOPE) App which aims to encourage the public and professionals to be overdose aware and contribute to reducing drug related deaths. The HOPE App received extensive coverage in local and national media and gave HADP the opportunity to be interviewed by the BBC and other media outlets to raise awareness of strategies to reduce drug deaths e.g. Herald: <https://www.heraldscotland.com/news/19234491.highlands-scottish-app-help-tackle-drug-deaths/> Press and Journal: <https://www.pressandjournal.co.uk/fp/lifestyle/health-and-wellbeing/3353449/highland-app-could-save-lives-from-overdoses/> John O'Groat Journal: <https://www.johnogroat-journal.co.uk/news/new-app-seeks-to-reduce-drug-related-deaths-in-highlands-235081/>

The HADP communication plan has had some success in encouraging more positive coverage of drug and alcohol issues in the local and national media. For example; Recovery Workers Training Project (RWTP) <https://www.inverness-courier.co.uk/news/training-project-for-people-with-history-of-drug-addiction-235467/> Stay Safe at Festivals: <https://www.nhshighland.scot.nhs.uk/News/Pages/Partnershipencouragespublictoenjoyfestivalsafely.aspx> Icelandic drug and alcohol prevention model: <https://www.johnogroat-journal.co.uk/news/thurso-seminar-looks-at-drugs-and-alcohol-abuse-192600/> FASD: [Highland multi-agency body tackling drugs and alcohol harm flags awareness of learning and physical disabilities caused by preventable alcohol-related disorder \(ross-shirejournal.co.uk\)](https://www.ross-shirejournal.co.uk/news/highland-multi-agency-body-tackling-drugs-and-alcohol-harm-flags-awareness-of-learning-and-physical-disabilities-caused-by-preventable-alcohol-related-disorder-192600/)

HADP has also raised awareness of the importance of implementing evidence-based approaches to drug and alcohol issues and published a blog via the Drug Research Network in Scotland (DRNS) <https://drns.ac.uk/highland-alcohol-drugs-partnership-what-evidence-means-for-us/>

2.3 Please provide details on education and prevention measures/ services/ projects provided during the year 20/21 specifically around drugs and alcohol (max 300 words).



The Highland Substance Awareness Toolkit (H-SAT, www.h-sat.co.uk) is our online resource to promote prevention and education strategies specifically around drugs and alcohol to young people, parents/carers and professionals. The H-sat provides a one-stop shop for evidence-based resources including a series of age appropriate lesson plans aligned to the Curriculum for Excellence and the Substance Use Prevention and Education Framework for delivery in schools and wider youth work settings. The H-sat is well utilised, with the site traffic increasing to highest levels recorded during lockdown. HADP also administers an annual Substance Aware School (SAS) Award to encourage schools to focus efforts of prevention and education. The SAS Award has continued throughout lockdown and other restrictions.

H-sat provides a platform to promote the Prevention and Intervention Model that highlights stages of substance use and corresponding evidence-based interventions that can be delivered by a range of partners. A quarterly H-sat newsletter is distributed widely across relevant networks to raise awareness of upcoming campaigns and new resources.

Discussing Drugs and Alcohol with Young People (DDAYP) is a training course targeted at a range of workers including guidance and other teaching staff, youth development officers from Highlife Highland and Third Sector youth work agencies. The training promotes applying a brief intervention approach to discussing drugs and alcohol with young people in a structured and evidence-based manner. Although opportunities to deliver the training were restricted during lockdown, they are now beginning to pick up.

HADP has funded a full-time Prevention and Education Officer with Highland Council to collaborate with HADP partners and drive the local education and prevention programme. The post will further develop the H-sat, and provide direct support and guidance to schools and youth work settings to fully utilise the resources and deliver the lesson plans. Work is currently underway to develop specific guidance for schools on applying a whole systems approach to tackling substance use issues that may be affecting schools directly.

The Prevention and Education Officer will also work in partnership to progress the Planet Youth (Icelandic Prevention) model as part of a national pilot being coordinated by Winning Scotland and Planet Youth. Five high schools in Highland will take part in the pilot with 4th year pupils (15 – 16 year olds) initially completing an online survey that will identify associations between substance use and a range of risk and protective factors. The findings will be used to inform development of prevention and education activities for all age groups. It is a whole systems approach to universal prevention that involves young people, parents, schools, local communities and community learning providers. A seminar in Thurso attended by almost 80 participants was delivered at the end of February 2020 with speakers from Planet Youth Ireland. The survey will be administered in Sept 2021 and in preparation, Highland representatives from Public Health, the five schools and HADP have attended two training sessions delivered on-line by Planet Youth based at Reykjavik University. Links are being made with parents via parent councils and social media to raise awareness of the model and the key contribution parents can make to preventing and delaying onset of substance use. Work is also underway to produce a Parent's Guide to Alcohol, Tobacco and Other Drugs (ATOD) that will support parental participation in the Planet Youth pilot. The Health Service Executive (HSE) Ireland Alcohol Programme has very kindly granted HADP permission to adapt their parents guide to make it relevant to a Highland and Scottish context.

The Prevention and Education Officer will also have a role in encouraging young people to develop resources for inclusion in the H-sat that will appeal to other young people from communities in Highland.

HADP in partnership with Eden Court Theatre, Highlife Highland, Police, NHS, Highland Council and the Fire and Rescue Service have developed the Northern Stars positive activities and diversionary initiative where over 1500 children, young people and their families participate in the performing arts. Unfortunately, three days of sell out performances at Eden Court Theatre in March 2020, were cancelled as a result of lockdown. Work is underway to revive Northern Stars as restrictions ease.



HADP has provided funding to Third Sector partners to develop early intervention and peer-led approaches to drug and alcohol prevention and education. We have also funded youth justice partners to deliver diversionary activities and provide residential rehabilitation and respite opportunities to young people in contact with the youth justice system that are at higher risk of developing drug and alcohol problems.

2.4 Please provide details of where these measures / services / projects were delivered

- Formal setting such as schools
- Youth Groups
- Community Learning and Development
- Other – please provide details
- Telephone, email, social media, one to one outside (walking, etc)

2.5 Please detail how much was spend on Education / Prevention activities in the different settings above

- Formal setting such as schools - £6,000 (SAS Award plus Planet Youth school survey involvement)
- Youth Groups - £20,000 – (Youth Highland, Youth Action Team)
- Community Learning and Development – £10,000 (Northern Stars)
- Other – please provide details – £55,000 (Education and Prevention Officer, Highland Council)
- Planet Youth = £10,000
- HOPE App = £10,000

2.6 Was the ADP represented at the alcohol Licensing Forum?

- Yes
- No

Please provide details (max 300 words)

Meetings were suspended during 2020/21 because of COVID and have not been reconvened due to work pressures. Regular contact is maintained with the licensing standards officers. The Alcohol Licensing Forum meets 4 times per year and within the agreed terms of reference in relation to membership there is a seat for both HADP and the Directorate of Public Health. The Forum has a wide representation of partners including the University of the Highlands and Islands, Fire and Rescue Service, licensing standards officers, Police, publicans/small businesses, the Violence Against Women Partnership and NHS Public Health. Most meetings include business and an educational component such as presentations about Challenge 25, Best Bar by None, and statistical input about epidemiological reports. Relevant changes to government or local policy are also discussed.

The Licensing Forum meets on an annual basis with the Alcohol Licensing Board to discuss common areas of interest. The Over Provision Statement is agreed every five years and the Highland Licensing Board, to date, has upheld this statement. Other topics have included updates about training for those holding a personal license, musical festivals and problems associated with occasional licenses.

Highland has an agreed overprovision statement that considers Highland to be one area and targets on-sales only. The committee took cognisance of the local epidemiological data and the trend of drinking in the home environment and set an on-sales capacity of over 40 square metres (not historical). The consequence of this decision has resulted in several challenges over the past few years made by middle sized supermarkets such as Lidl and the Co-op when they have submitted an application to extend their



in-store display area. The outcome to date has been the withdrawal of the application rather than the Licensing Board refusal.

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

- All
- Most
- Some
- None

Please provide details (max 300 words)

All License applications, apart from occasional licenses, are sent to the Director of Public Health and Policy for review. They are all reviewed and if they do not comply with the Highland Council overprovision statement Public Health will put an objection to the Licensing Board. The majority of both on and off sales applications during the pandemic have been in relation to variations for businesses to comply with COVID regulations e.g., using outside space for seating areas or to create extra indoor floor space for more spacing between seating/tables. The capacity of 40 square metres for on-sales was set as part of the Alcohol Overprovision Statement (2014 and 2019) and is used as a tool for evaluating all alcohol license applications. The capacity is not historical and if a large retailer had a capacity of over 40 square metres agreed then this cannot be reversed to reduce it to under 40 square metres. HADP is keen for consideration of the potential for influencing occasional licenses in order to reduce the exposure of children to alcohol in community settings.

3. RRR Treatment and Recovery - Eight point plan

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

3.1 During 2020/21 was there an Immediate Response Pathway for Non-fatal Overdose in place?

- Yes
- No
- In development

Please give details of developments (max 300 words)

NHS DARS currently receive daily reports from the Scottish Ambulance Service (SAS) highlighting non-fatal overdoses (NFOD). NHS partners also sit on a daily mental health huddle and anyone highlighted following presentation at the emergency department are seen by the mental health liaison team who can then make referrals to DARS and other support services. In Caithness, DARS check in daily with Caithness General to provide proactive support to people with drug and alcohol problems. In Fort William, there is a formal link between the Belford Hospital and the community mental health team. DARS have developed a direct referral route from SAS into treatment services in Inverness. Ambulance staff can refer a person with consent from the individual and have a dedicated phone number. During the day the number will be answered, whilst at night a message can be left securely. Contact with the individual will be attempted predominantly within 24 hours or within 48 hours maximum. Informed by the Drug Death Task Force (DDTF) evidence-based strategies, HADP are working to develop the current alert system in to a more inclusive and proactive opt-out system. Currently, people engaged with DARS are followed up by their key worker and advised of overdose risk, harm reduction and offered naloxone training. Although efforts are made to identify services people are engaged with that are not known to DARS, HADP recognises the need to develop a more robust immediate response pathway where all people are



proactively followed up and provided with appropriate support. HADP has therefore seconded a DARS member of staff to undertake a scoping exercise and learn from other areas across Scotland. This work will inform development of a pathway that provides an emergency response, assertive outreach, intensive short-term support and provides a bridge in to treatment or to sustain treatment among vulnerable people at higher risk of drug death. Key partners have been interviewed and visits have been made to other areas to learn from examples of good practice. A proposal is currently in development to establish an inter-agency team to deliver the immediate response pathway.

3.2 Please provide details on the process for rapid re-engagement in alcohol and/or drug services following a period of absence, particularly for those at risk and during COVID-19. Are services fully open at normal levels / blended services on offer? (max 300 words).

Services have made progress with the treatment waiting times standard. The pandemic has meant some readjustment in face to face contact during lockdowns. However, referral throughput remained steady as services adapted. For individuals known to DARS, and representing, rapid initiation on to MAT where required continues to be in place with intent to ensure consistency in practice across the whole area. Services continue to remobilise returning to face to face contact, and utilising a blended approach where appropriate. Some staff continue to work from home for short periods.

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

- Same day prescribing of OST
- Methadone
- Buprenorphine and naloxone combined (Suboxone)
- Buprenorphine sublingual
- Buprenorphine depot
- Diamorphine
- Naloxone
- BBV Screening
- Access to crisis support
- Access to detox from opiates/benzos - rehab
- Other non-opioid based treatment options Please provide details.....

In line with individual treatment pathways a range of prescribing options are available via DARS medical team. Inpatient options for detox and high dose transfer / referral in to residential support are in place. DARS have 8 beds in Beechwood House, which increased to 10 due to the additional investment provided in February 2021, and there are proposals being developed to further increase to 13 beds. Both a short term (2 week) and longer-term (14 week) programme are provided. DARS also offer psychosocial and psychological interventions as core, along with harm reduction support, needle exchange, overdose awareness and Naloxone training, IPED, BBV testing and treatment access which includes; 1-2-1 support with assigned key workers; access to group work as well as mutual aid support across the area. Multi agency working is in place to address individual needs.



3.4 What measures were introduced to improve access to alcohol and/or drug treatment and support services during the year, particularly for those at risk 20/21 (max 300 words).

Telephone screening was introduced by DARS 3 years ago and remains in place to support rapid access to screening and subsequent assessment appointments. An open referral system remains in place, along with drop in services in Inverness and Caithness. The Homeless nurse has increased support in HMO's in Inverness and improved connection with city centre partners. There continue to be formal links with HMP Inverness and Custody Healthcare in Inverness to support referrals and continuation of treatment. An advanced nurse practitioner for detox is established and the inpatient detox pathway reviewed with the community pathway enhanced involving joint assessment. Plans are being developed to expand detox options to residential rehabilitation for those that do not require hospital admission but are considered not safe for home detox. This will increase access to rehab and help to provide earlier admission and in turn decreased need for hospital observation. The Housing first pilot, solely funded via HADP has been successful in supporting people with drug and alcohol problems, with complex needs who are at higher risk of drug and alcohol related death. Proposals are being developed for Housing First currently based in Inverness, to extend the model to rural communities. There is a Harm Reduction police officer now in place funded via HADP monies. They are working in partnership with treatment services to divert vulnerable people from the criminal justice system in to treatment and support services. Strategies being put in place to increase access to tier 3 – 4 psychological interventions.

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

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

With development of dedicated psychology, DARS are developing alcohol related cognitive screening, proposals. Local teams are receiving training both on line and by digital platform on ACE 3. Follow on cognitive assessment can then be carried out by the principal clinical psychologist who is now part of the DARS team. Progress will be reported on in 2021/22.

People engage in effective high quality treatment and recovery services

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

	<i>Adult Services</i>	<i>Children and Family Services</i>
Third sector	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Public sector	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>

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

The alcohol brief interventions standard and treatment waiting times standard are applied across the HADP area. Beechwood House is subject to Care Inspectorate procedures and reports are shared with

the DARS Head of Service who is involved in the feedback sessions. DARS are subject to regular record keeping audits, clinical supervision and review. Third Sector partners provide annual reports to HADP where appropriate. Within the lead agency model, Highland Council is commissioned to deliver a number of child health services on behalf of NHS Highland. An assurance report is provided twice a year in line with the current partnership agreement. This includes measures put in place during the pandemic. HADP is aware of professional standards and registration requirements for different professional/clinical teams. The Care Inspectorate has a role in quality and inspection of early years and social care services and Education Scotland inspect various parts of the education system and community learning. Inspection of Children's Service is expected in the HADP area at some point in the next 18 months and planning has started for this which HADP will contribute to, where appropriate.

Thank you for completing the recent Scottish Government ADP Pathways Survey, which gathered data for 2019/20. The following questions look to gather the same data for 2020/21.

3.8 Were there pathways for people to access residential rehabilitation in your area in 2020/21?

Yes
No

Please give details below (including referral and assessment process, and a breakdown between alcohol and drugs referrals) (max 300 words)

The majority of referrals to residential rehabilitation are via DARS with a small number via Criminal Justice Social Work, Youth Action Team, HMP Inverness, GP's and secondary care. Individuals are unable to self-refer for assessment to access residential rehab via DARS. Decisions on referral are agreed through discussions with individuals, clinicians and other professionals. It appears rare for an individual not to be referred, if this is the preferred option. HADP is aware the current policy requires updating. DARS currently have a Service Level Agreement with Crossreach to provide residential support in Beechwood House. There were 8 beds commissioned with an additional 2 funded via Scottish Government monies allocated in February 2021. Beechwood House provide some outreach support and there is joint working with community services in place to aid assessment and support. Work to improve alignment with inpatient detox is in development. Referrals made via DARS including joint review sessions which are scheduled throughout the programme with aftercare agreed and recovery plans updated to reflect progress.

Total Number of Referrals for Highland residential rehabilitation in 2020/21	107
Number of people referred for problematic drug use	20
Number of people referred for problematic alcohol use	61
Number of people referred for problematic alcohol & drug use	26

3.9 How many people started a residential rehab placement during 2020/21? (if possible, please provide a gender breakdown)

Total Number of people who commenced a Programme in 2020/21	65
Number of males who commenced a Programme	37
Number of females who commenced a Programme	28
Number of people who commenced a 2 week Programme	42
Number of people who commenced a 14 week Programme	23



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

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

For people with lived experience:

- Feedback/ complaints process
- Questionnaires/ surveys
- Focus groups / panels
- Lived/living experience group/ forum
- Board Representation within services
- Board Representation at ADP
- Other Please provide details.....

Please provide additional information (optional)
Click or tap here to enter text.

For family members:

- Feedback/ complaints process
- Questionnaires/ surveys
- Focus groups / panels
- Lived/living experience group/ forum
- Board Representation within services
- Board Representation at ADP
- Other Please provide details.....

Please provide additional information (optional)

3.11 Had the involvement of people with lived/ living experience, including that of family members, changed over the course of the 2020/21 financial year?

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

Please give details of any changes (max 300 words)

HADP has identified the need to improve the involvement of family members and have commissioned Scottish Families Affected by Alcohol and Drugs (SFAD) to undertake scoping and consultation with families to identify gaps and improve support and family inclusive practices. HADP is currently promoting the development of a lived/living experience panel in order to improve participation in service and policy development. HADP is keen to encourage local Third Sector partners to take on a commission to develop and support the panel(s) as an independent group. Participation on the lived/living experience panel has been advertised with up to fourteen people coming forward to express an interest. HADP will initially develop the panel with a view to a Third Sector agency taking on the role in the longer-term to ensure an independent voice. There have been discussions with the Scottish Recovery Consortium (SRC) on training opportunities to support panel development. DARS are proactively seeking lived/living experience involvement in MAT implementation from inception.



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

Yes
No

Please give details below (max 300 words)

HADP has funded a distance learning pilot of the Recovery Workers Training Project (RWTP) in partnership with Scottish Drugs Forum (SDF). The RWTP is an employability initiative for people in recovery that provides bespoke support to access employment in the drug and alcohol field or health and social care field. Three Highland trainees successfully completed the course in 2020/21 despite challenges faced during Covid and subsequent lockdowns which limited opportunities for face to face contact during placements. HADP is in discussion with SDF to increase places from three up to five people in recovery for future intakes. Over a twelve month period, the trainees have progressed through a robust accredited training programme. They then attended two work placements each for four and a half months which are specifically chosen to suit individual learning needs. Training comprises of over twenty five courses including; Professional boundaries, SSC Codes of Practice, Equality in Recovery, Alcohol Awareness, BBV Awareness, Naloxone Training for Trainers, Introduction to Trauma, Group work skills, Essential skills, Understanding Stigma - Promoting Inclusive Attitudes and Practice, Drugs Awareness, Quality Principals and Recovery Orientated Systems of Care. Placements are kindly provided by partners who have a specific remit for working with people with drug and alcohol problems such as; Newstart Highland, Crossreach (Beechwood House Residential Rehabilitation and Cale House, supported accommodation), the Salvation Army (resettlement team), Lochaber Hope, Fort William, Apex Highland, DTTO Criminal Justice Service, Pulteneytown People's Project in Caithness, the Scottish Prison Service, HMP Inverness and NHS, DARS. Despite the challenges experienced during Covid the following placements supported the trainees throughout the pandemic including; Salvation Army, Beechwood House, Newstart Highland and the DTTO service based at the new Justice Centre. HADP are pleased that all trainees completed the RWTP and went on to be offered employment in local services.

People access interventions to reduce drug related harm

3.13 Which of these settings offered the following to the public during 2020/21? (mark all that apply)

Setting:	Supply Naloxone	Hep C Testing	IEP Provision	Wound care
Drug services Council	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drug Services NHS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Drug services 3rd Sector	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Homelessness services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Peer-led initiatives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community pharmacies	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
GPs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A&E Departments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Women's support services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family support services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Justice services	<input checked="" type="checkbox"/> Prison	<input checked="" type="checkbox"/> Prison	<input type="checkbox"/>	<input checked="" type="checkbox"/> Prison
Mental health services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mobile / outreach services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Other ... (please detail)

The Pulteneytown Peoples Project in Caithness and Custody Link Workers project in Inverness offer naloxone and Waverley Care provide BBV testing. Currently, there are no specific Third Sector drug services covering the HADP area. However, Third Sector organisations that are likely to have contact with people with drug problems are being identified through local partnership working to increase naloxone distribution. HADP proactively promotes the SFAD 'click and collect' take home naloxone service with increasing uptake in Highland. The Highland Housing First Team includes a drug and alcohol/mental health nurse, housing officer and support worker from the Salvation Army. The Team work closely with DARS and Homelessness Services to link people with experience of homelessness in to Highland Alcohol and Drug Advisory Support Service (HADASS) which is a harm reduction service within DARS that specialises in naloxone supply, wound care, BBV testing and IEP. Work is also underway to expand community pharmacy distribution of naloxone, with training for pharmacists and associated costs for training and naloxone agreed via HADP. HADP are also working in partnership with SDF to learn from other areas and develop peer naloxone distribution. The primary care locally enhanced service contract for Drug Misuse is currently being reviewed in line with the shared care elements of the MAT standards and HADP is keen for naloxone provision to be included.

A person-centred approach is developed

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

Fully embedded
Partially embedded
Not embedded

Please provide details (max 300 words)

R.O.S.C principles are at the core of our services. People with substance use problems receive an individualised assessment and care plan that is focused on individual recovery goals that are person centred. Our recovery plans are individualised to reflect a person's strengths and challenges and is fundamentally collaborative and co-produced, whilst also being receptive to change on regular review. As Highland is a large geographical area with remote and rural locations, services strive to provide equity of access to an individualised and recovery orientated support service to all people wherever they live, however this can be challenging to achieve.

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

Yes
No

Please provide details (max 300 words)

There is a dedicated post based centrally in Inverness that is a dual diagnosis practitioner. DARS and mental health services services have developed joint working practices for those with dual diagnosis. In more remote and rural areas services are often co-located or members of the same integrated team. Although there are joint working practices in place, it is acknowledged there is a need to develop written protocols that are regularly reviewed and updated to aid effectiveness and accountability.

Is staff training provided (dual diagnosis)?



Yes
No

Please provide details (max 300 words)

Provided by SDF and related training provided locally by HADP in partnership with DARS psychologist and National Education Scotland (NES).

The dual diagnosis practitioner is available to provide advice and guidance to colleagues in DARS, Mental Health and other services. The post has in the past delivered training when capacity allows.

Have mental health services requested Naloxone following updated guidelines from the Lord Advocate?

Yes
No

Please provide details (max 300 words)

This requires further development. The pandemic has affected this progression but DARS are now better placed to explore this further.

The recovery community achieves its potential

3.16 Were there active recovery communities in your area during the year 2020/21?

Yes
No

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

Yes
No

3.18 Please provide a short description of the recovery communities in your area during the year 2020/21 and how they have been supported (max 300 words)

HADP recognises the need for increased focus and effort to provide dedicated community development support to grow recovery communities across Highland. Support for recovery, opportunities for meaningful activities, socialising, leisure and personal development are provided by a range of partner organisations to varying degrees. However, there is a need for more opportunities, improved cohesion, consistency and a greater focus on responding to the specific needs of people in recovery and their families. Work is underway to develop a living/lived experience panel that will provide more robust foundations to grow and develop recovery communities and input to service and policy development in a more structured, sustainable and meaningful way. Highland does have a vibrant network of mutual aid opportunities provided through AA and SMART Recovery U.K. HADP covered the licence site fees to develop and provide access to new mutual aid groups including one at the Salvation Army premises in Inverness which combined a socially distanced and face to face/online meeting once a week, one at the new Justice Centre in Inverness, and a new group for Polish speaking community members. We also supported a new Family & Friends SMART group for Highland. We have continued to fund the Highland SMART Coordinator post to develop peer recovery mutual aid groups. HADP recognises that we require moving on from supporting a strong infrastructure for mutual aid towards establishing independent recovery communities. Whilst HADP previously provided funding to support the growth of a community café, there is increasing acknowledgement that dedicated resource is likely to be required to fully develop recovery communities across Highland. HADP has facilitated a growing online recovery network that



participates well in local and national events such as the national recovery walk. We have also successfully completed the first in-take of the RWTP (distance learning pilot) with all trainees successfully gaining employment. HADP has had some success in encouraging potential employers to place value on the experience of recovery to the extent that employment opportunities may be more accessible in Highland than in central belt areas of Scotland. Albeit the best outcome for people in recovery; gaining employment can result in limited availability for involvement in developing recovery groups and initiatives in local communities. HADP is working to resolve current challenges and devise a more sustainable model.

A trauma-informed approach is developed

3.19 During 2020/21 have services adopted a [trauma-informed approach](#)?

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

Please provide a summary of progress (max 300 words)

Whilst there are strengths, there are also areas for further development in order to embed a trauma-informed approach. DARS has moved swiftly to respond to the pandemic, changing working times / practices to accommodate the restrictions, with staff making every effort to support people accessing the service. DARS undertook a pilot to reach those not currently engaged in service as part of an out-of-hours harm reduction response team. DARS provides an environment of empathic understanding whereby staff are mindful of the role people's experiences can have on the development and maintenance of substance use problems. Both within and out-with DARS there is growing demand with stretched resources, gaps in knowledge / skill, and processes and procedures that require consolidation and development to ensure people always receive services that are fully trauma-informed. Activity following the introduction of a Clinical Psychologist to DARS has created further opportunities for progress. A training plan has been developed with the recommendation for every staff member to complete the NES 'Developing Your Trauma Skilled Practice' e-learning. There remains variance in completion and therefore in knowledge / skill, which requires improvement. There has been increased access to consultation and skills-based supervision although, similarly, there is variance in uptake, which requires improvement. Consultation is offered to assist knowledge to be translated into practice and provide opportunities for up-skilling. Regular skills-based and reflective supervision is offered to ensure consistency in approach and also to promote staff well-being. We will continue to aim for increased consistency and uptake to support trauma-informed practice across DARS. We will also aim to improve processes and communication with non-DARS services, thus facilitating improved trauma-informed processes and increased access.

An intelligence-led approach future-proofs delivery

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

- Alcohol harms group
- Alcohol death audits (work being supported by AFS) (2018)
- Drug death review group
- Drug trend monitoring group (DRD Prevention Group)
- Other



Please provide details - Although not a physical group, HADASS on behalf of a group of partner organisations compiles and produces a regular drug trends bulletin. All relevant services and partners are encouraged to feed in to the trends bulletin in order to share local intelligence.

A dashboard is being developed to give more frequent analysis and interpretation of a range of indicators than the annual core indicators report. This will be used to inform decision making by various partnership groups and help to underpin decisions such as the allocation of funding. Evaluation of funded initiatives continues to assess outcomes e.g. the Housing First pilot where information from survey data, a focus group and national linked datasets will be summarised and collated to determine whether project delivery was achieved and individual outcomes improved. HADP are particularly keen to evidence the impact of Housing first on reducing NFOD and risk of drug and/or alcohol deaths.

Securing DAISy reports and improving data quality remain a focus in anticipation of having useful information to support services with their planning and inform service development or redesign through funding allocation or redistribution. The Outcomes Star tool is planned for implementation by DARS which will provide more robust information for future outcomes monitoring.

3.21 Please provide a summary of arrangements which were in place to carry out reviews on alcohol related deaths and how lessons learned are built into practice. If none, please detail why (max 300 words)

HADP has previously produced a detailed report of Alcohol Deaths in Highland (2018) https://www.highland-adp.org.uk/userfiles/file/hadp_publications/Alcohol-Related-Deaths-in-Highland-Report.pdf and provided advice on the development of the Alcohol Deaths Review guidance produced by Alcohol Focus Scotland (AFS). HADP also produces Highland briefings extrapolated from the National Records for Scotland (NRS) annual report on alcohol-specific deaths for use by the Strategy Group and partners. More routine intelligence on alcohol deaths and harms are shared less formally as wider review structures are not currently robust. It is planned that the AFS guidance will inform development of processes for undertaking reviews and will identify local initiatives to reduce risks from harm. Capacity issues resulting from the pandemic have delayed the development of formal alcohol death review structures being established. Many of the findings from the 2018 HADP report continue to be useful and have been used to inform targeting of alcohol brief interventions in deprived communities.

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

The drug death review group and the drug death prevention group contribute to the surveillance of drug deaths and harms. Through these groups, intelligence is shared across partners on a range of areas such as trends in drug deaths and NFOD, drugs available, serious and organised crime impacts and service activity including opiate substitution therapy (OST) prescribing, Naloxone and IEP provision. Relevant learning points identified by the review group when reviewing individual deaths, are shared with the prevention group to develop initiatives and reduce risks from harm.

A detailed study into drug related deaths among young people (16-25) was commissioned by HADP in collaboration with the Highland Public Protection Chief Officers Group (HPPCOG) and conducted by NHS Highland, Public Health Department, HADP and the University of the West of Scotland. After detailed auditing of a cohort of cases, a report has been prepared for the Chief Officers which includes a number of recommendations for change including strengthening the drug death review process. A public report is being prepared along with a paper for publication in collaboration with the Drug Research Network for Scotland (DRNS) supporting the dissemination of findings across Scotland.



The Highland Overdose Prevention and Engagement (HOPE) App has been developed by Health Improvement, HADASS and HADP on behalf of the drug death prevention group. For more information: Android - <https://bit.ly/3tawMkA> or Apple - <https://apple.co/39XfjEi>

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

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

Yes

No

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

Young people over 16 that are not in school can access DARS for treatment and support with substance use problems. The Highland Council, Youth Action Team (YAT) is a specialist Highland wide youth justice resource. YAT offer full assessment and intervention for young people aged between 12 – 18 years. YAT deliver education on substance use, harm reduction and support to reduce or become abstinent. For young people over the age of 18 who have been working with the service previously, YAT continue to offer care until the young person can be supported by adult services, where appropriate. YAT also signpost young people over 18 that have made enquiries about substance use and how to access support.

For those over 16, YAT support applications for residential rehabilitation, where appropriate. They have initiated a project for Looked After and Accommodated Children (LAC), funded via HADP to deliver therapeutic residential breaks in order to break cycles of substance use. Previous HADP funded projects have offered increased opportunities for young people to engage in positive activities as a diversion from substance use. The project has been successful and has provided a range of activities such as purchasing bicycles so vulnerable young people could participate and be included with their peers. This was particularly relevant during the pandemic due to many families' financial circumstances being stretched. YAT continue to divert young people through activity-based sessions, support into education, vocational training, and employability courses. YAT collaborate with a range of agencies to work towards positive destinations for vulnerable young people adversely impacted by 'County Lines' and exploitation around drugs.

YAT have developed a pathway into their specialist nursing service. Appropriate screening tools are completed by Youth Justice Practitioners with all young people. Results highlight areas to focus further assessment on such as drugs and alcohol. The specialist nursing service offers further assessment for alcohol and drug use, anxiety, low mood, deliberate self-harm, anxiety, post-traumatic stress problems, hallucinations, delusions and paranoid beliefs as well as hyperactivity. Depending on severity of substance use, a fuller assessment will be conducted. Mental health assessment is undertaken in parallel where required, with appropriate tools that are specifically validated for use with young people. The results are used to inform interventions in particular areas of a young person's life. Where more severe mental health issues are identified referral is made to either CAMHS or Adult Mental Health Services depending on whether the young person has left school or not. Once the needs of the young person have been established, YAT offer a range of different interventions. For most alcohol and drug use, a brief interventions protocol is delivered. Where the young person does not want input for substance use, diversion strategies are used to increase activities and structured use of time. YAT routinely provide education and harm reduction on substance use. Support for detoxification from alcohol or drugs (alongside GPs) can be provided, where appropriate. Referral to specialist services for residential rehabilitation (e.g. Beechwood House or Castle Craig) can also be made. A range of mental health support is provided, where required.



Decider Skills is offered to young people with emotional regulation difficulties. YAT also deliver interventions such as; completing timelines, closeness circles, goal setting, mindfulness, “safe place” strategies, emotional check-ins, support around sleep, hygiene and healthy eating/drinking.

In relation to general health, young people are offered a Looked After Child Statutory Health assessment (even if they are not LAC but there are known health issues) as well as sexual health assessments, alongside education and support to access other support services.

Action for Children provide an intensive support service to young people (11-18) and their families whose placements are breaking down or are on the edge of care/returning from secure care. Substance use is an identified risk in nearly half of all situations. A range of interventions are provided with those specific to substance use including; alcohol/drug brief interventions, motivational Interviewing and harm reduction.

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

Yes
No

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

The approach has focused on strengthening existing services to deliver specific support to children and young people that are vulnerable as a result of the drug/alcohol use of others.

Through the Children and Young Peoples Committee (drugs and alcohol) work is underway to strengthen multi-agency and integrated support to children and families in order to support whole family recovery. The group provides a collaborative forum for progressing the children and young people’s strand of the HADP strategy and oversees progress of HADP funded posts including; the Whole Families Coordinator to promote whole family approaches across services and sectors, an Education and Prevention Officer to develop whole systems approaches across schools and wider youth work settings with a focus on parental / carer involvement in reducing risk factors for substance use, a Specialist Midwife (drugs and alcohol) to update integrated pathways e.g. FASD, increase delivery of alcohol brief interventions and improve support to pregnant women with drug and alcohol problems and their families, and a CAMHS Clinical Psychologist (drugs and alcohol) to increase access to mental health support for children and young people affected by drugs and alcohol, establish integrated pathways and strengthen trauma-informed approaches through professional development opportunities. As well as leading on whole family approaches, Action for Children deliver a range of parental support programmes. They are collaborating with HADP and the University of Stirling to explore delivery of the Parents under Pressure (PuP) programme; an evidence-based approach shown to improve child outcomes in family situations where there is a risk of removal due to parents experiencing problems with drug and alcohol use.

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

Yes
No

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

The work of HADP is reflected in the children’s service plan as the current iteration of the plan makes a number of commitments to improve the inequalities experienced by children and young people and their families. The need to better align services to work alongside families is a commitment of HADP in relation to developing the whole family approach. HADP has close links with the Highland Child Protection Committee and Corporate Parenting board and helps shape the work of these partnership teams by ensuring that the voices and lived experience of children, young people and their families is heard and actioned.



4.4 Did services for children and young people, with alcohol and/or drugs problems, change in the 2020/21 financial year?

- Improved
Stayed the same
Scaled back
No longer in place

Please provide additional information (max 300 words)

YAT have strengthened partnership working with CAMHS. Collaboration has resulted in developing a pathway to improve support to young people with co-occurring substance use and mental health issues. Partnership working has also led to core skills training for staff being evaluated and subsequently improved, with the addition of other relevant specialist training to enhance knowledge and skills for practice development. This development offers a more robust and evidence-informed basis for staff competence and builds on a strengths-based and trauma informed approach. Work is underway to identify more effective tools and interventions to address situations where young people are being exploited in association with drugs. Services are also working to improve responses when a young person attends hospital for drug and alcohol related difficulties. Practice and reporting is improving, with clearer routes for child concern forms via hospitals and/or notifications through SAS allowing follow up and signposting for those that may decline referral into services. YAT are improving responses to NFOD and will contribute to implementing recommendations from the drug deaths among young people report. Front-line YAT services continued throughout the pandemic. Albeit an adapted approach, staff found creative ways to continue meeting and supporting vulnerable young people during this time. Plans for intensive residential support for young people with substance use problems have been delayed partly due to staffing limitations to provide residential support during the pandemic. Going forward this is an area for development being discussed with Residential Managers and Area Children's Services Managers. HADP has funded a DTTO2 pilot project across Highland targeted at young people using drugs chaotically, who are coming in to contact with the criminal justice system in order to provide intensive health and social work support aimed at preventing drug use and associated offending becoming entrenched.

4.5 Did services for children and young people, affected by alcohol and/or drug problems of a parent / carer or other adult, change in the 2020/21 financial year?

- Improved
Stayed the same
Scaled back
No longer in place

Please provide additional information (max 300 words)

HADP works in partnership with the Child Protection Committee (CPC) with representatives from both partnerships and other agencies, collaborate via the Children and Young Peoples Committee (drugs and alcohol). This is a joint improvement group which aims to strengthen multi-agency and integrated support to families affected by parental problem substance use. The group assists in directing the children and young people's strand of the HADP strategy and oversees progress of HADP funded posts including the Whole Families Coordinator, Action for Children, Education and Prevention Officer, Highland Council, Specialist Midwife (drugs and alcohol), NHS Highland and the CAMHS Clinical Psychologist (drugs and alcohol), NHS Highland. The group also feed in to decisions on the Local improvement Fund (LIF) to support work in local communities that empower children and young people and improve support to families. For example; funding has been provided to; Youth Highland to develop peer education



approaches, Safe, Strong and Free to empower parents of young children and Home Start Highland to provide support to vulnerable families through a network of volunteers trained to support families in challenging times. HADP also collaborated with the CPC during the pandemic to deliver anti-stigma training to volunteers involved in delivering food parcels and other support to vulnerable families. The Clinical Psychologist post has improved the focus on parental problem substance use and/or young people's substance use in CAMHS and promoted a trauma-informed approach in other settings such as YAT through increased workforce development opportunities and joint working. This has led to; joint case consultation, direct psychological intervention, joint attendance at child's plan meetings. This collaboration has increased the opportunities available for psychological and trauma-informed assessment and formulation leading to increased access to trauma-informed interventions. Accessible and bespoke training has been developed and rolled out to better support children and young people who have experienced complex issues living within traumatised family systems. Work is ongoing to address challenges in developing integrated care pathways in children and young people services and between children/young people and adult services to deliver early interventions that prevent cycles of intergenerational trauma and the risk of co-occurring mental health and substance use problems developing later in life.

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

Yes
No

Please provide details (max 300 words)

Family members are encouraged to access national support services provided by SFAD to overcome accessibility and geographic challenges. HADP routinely promotes SFAD services and events to raise awareness of support services and have commissioned SFAD to undertake a mapping and consultation exercise with recommendations to inform development of improved family inclusive practice in Highland. A representative from Families Anonymous now attends the Strategy Group and HADP have assisted with promoting a mutual aid support group based in Inverness. We continue to promote development of Family & Friends SMART mutual aid groups.

4.7 Did services for adult family members change in the 2020/21 financial year?

Improved
Stayed the same
Scaled back
No longer in place

Please provide additional information (max 300 words)

HADP recognises this is an area that requires development and has therefore commissioned SFAD to provide a report and make recommendations on improvement.

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

Services: *Family member in treatment* *Family member not in treatment*



Advice	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Mutual aid	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Mentoring	<input type="checkbox"/>	<input type="checkbox"/>
Social Activities	<input type="checkbox"/>	<input type="checkbox"/>
Personal Development	<input type="checkbox"/>	<input type="checkbox"/>
Advocacy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Support for victims of gender based violence	<input type="checkbox"/>	<input type="checkbox"/>
Other (<i>Please detail below</i>)	<input type="checkbox"/>	<input type="checkbox"/>

Please provide additional information (max 300 words)

HADP provides funding to Advocacy Highland to provide support to individuals and family members. Citizens Advice Bureau also received funding previously to provide advice to individuals and family members affected by drug and alcohol problems. HADP works collaboratively with the Violence Against Women Partnership on a range of common issues.



5. A Public Health Approach to Justice

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

- Yes
- No
- No prison in ADP area

Please provide details on how effective the arrangements were in making this happen (max 300 words)

The supply of Naloxone to individuals is well embedded in HMP Inverness. At risk individuals are offered naloxone on three occasions over the course of their sentence period to enhance uptake. They are offered the choice of the Nyxoid intranasal or Naloxone Intramuscular versions or if requested both. Packs are included in peoples' personal property at the point of liberation. Data is recorded and shared with HADASS on a quarterly basis and is reported and monitored via national reports that are shared with HADP.

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

- Information sharing
- Providing advice/ guidance
- Coordinating activities
- Joint funding of activities
- Upon release, is access available to non-fatal overdose pathways?
- Other Please provide details

Please provide details (max 300 words)

The Head of Service (NHS) and Principal Officer (CJSW) both sit on HADP and the Community Justice Partnership (CJP). The Head of Service (NHS) has prison and police custody in their portfolio. Links are established across the network and relevant standard work processes are in place. Information sharing between police (in line with GDPR) is routine on trends and is shared with SPS, CJSW and other relevant partners. Joint work is undertaken with the custody link team on shared practice and shared resourcing for DTTO 2 with nursing and social work staff located in the same team. All community justice partners have collaborated to develop a Community Integration Plan (CIP) for people leaving HMP Inverness. The CIP process routinely involves multi-agency collaboration with; Housing, CJSW, DARS, SPS and the Third Sector as key partners. Highland Housing First is a multi-agency service between; DARS, Housing and Salvation Army that collaborates routinely with CJSW to support homeless people with drug and alcohol problems that have complex needs including a history of involvement in offending. Priority is accorded to people at higher risk of drug and alcohol related deaths and HADP is currently the sole funder. Initial evaluation suggests improved outcomes for health and wellbeing including improved engagement in drug and alcohol treatment, reduced NFOD and reduced offending as well as improved tenancy sustainment and strengthened social networks and relationships.



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

- Information sharing
- Providing advice/ guidance
- Coordinating activities
- Joint funding of activities
- Other Please provide details - HADP has funded diversionary initiatives specifically targeted at young people involved in the youth justice system.

Please provide details (max 300 words)

HADP funds a DTTO2 Team across Highland to provide intensive support to younger people with chaotic drug use that are coming into contact with the criminal justice system. The initiative is of interest to the CJP due to some crossover in outcomes. CJSW has undertaken extensive work to encourage local Sheriffs to utilise DTTO2's which has resulted in notable increases and successes. CJSW represent the CJP on the HADP Strategy Group and HADP support staff attend the CJP wherever possible and relevant. There is constructive communication between both partnerships as well as the VAWP and CPC. HADP funds a Harm Reduction Police Officer post with Police Scotland. The post works in partnership with DARS to identify vulnerable people with drug and alcohol problems in order to divert them from the criminal justice system into treatment and support, wherever possible. The post also has a focus on responding to 'cuckooing' situations where vulnerable people are being exploited but unlikely to request help from local police or services due to drug use and exploitation. Again, the focus is to divert vulnerable people into treatment to better meet their needs. Promoting a public health approach to policing and criminal justice is another key focus of the role along with contributing to preventing NFOD. Links between Medics Against Violence (MAV) and the Harm Reduction Police Officer are being strengthened in order to identify areas for further collaboration.

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

a) Upon arrest

Please provide details on what was in place and how well this was executed.....

Referrals to DARS and direct to HADASS in Inverness are open to all and Police colleagues are collaborating with DARS to provide diversion into treatment. Custody healthcare make direct referrals to DARS as do prison healthcare.

The Custody Link project funded for 3 years by the Big Lottery and community justice monies was set up and hosted by the Highland Third Sector Interface. Based in the Inverness police custody suite, the service links those detained into existing services and its criteria are all females, males aged between 18 – 26, anyone for whom it's their first instance in custody, and anyone for whom it's their second instance of custody in a 6 month period. This project is subject to evaluation as part of the funding agreement and will be available at the end of the project.

Medics Against Violence (MAV) have established a Pathfinder project in Inverness funded via the DDTF. Pathfinder provides a service to people with problematic drug use. Referrals are via Police Scotland for individuals arrested or cautioned for Class A or C drug use. Project staff provide assertive outreach model to connect people with DARS and other community services.

b) Upon release from prison



Please provide details on what was in place and how well this was executed.....

All people in HMP Inverness are offered an alcohol and drug assessment by the NHS specialist team on admission. HMP Inverness is in the process of establishing a Recovery Wing where people have the opportunity to focus fully on recovery supported by other like-minded people. A range of community supports are being introduced to support smooth transition in to the community.

Whilst in prison progress is measured using the Compass outcomes tool. On release all people are subject to a Community Integration Plan (CIP) agreed in partnership with the individual and relevant agencies. The process is led by Criminal Justice Social Work in partnership with DARS, HMP Inverness, Housing, Third Sector and other relevant community organisations. Progress in the community is measured using the Outcome Star. The CIP provides a structured approach to voluntary throughcare and is initially for a period of 1 year with the persons care coordinated by a named person (similar to GIRFEC). The named person has responsibility for conducting a multi-agency review of the CIP at 3 monthly intervals to ascertain what is and isn't working and what improvements are required. Only a small number of people have so far disengaged with the CIP process. Where a person re-enters prison the plan is revisited with them to identify what needs to be done differently on release. A small number of people have successfully moved from prison to residential rehabilitation with planning underway to increase uptake of this option. CIP's are person-centred but include a clear focus on support for drug and alcohol problems and are inclusive of mutual aid options.

On release, any person receiving OST e.g. Methadone, Suboxone, Buprenorphine or Bupival is automatically referred to a prescription provider in their local area. The local Drug and Alcohol Recovery Service are also contacted to provide community support for those on OST. All other non-substitute referrals are offered one-to-one support and dependant on the individuals needs, can be referred on to their local community support provider. Where individuals have alcohol and/or drug related problems and are to be liberated with no fixed abode, they can be referred to Cale House, a Crossreach supported accommodation facility in Inverness. Housing involvement in the CIP process and development of Highland Housing First will reduce the risk of NFA.

Inverness family centre is available to all families of people in prison to offer support and advice on a variety of issues including alcohol or drug related support or referral on to person centred counselling for family members. DARS has standard operating procedures in place to ensure information both on admission and release between prison healthcare and NHS and other community services.

CJSW have a number of arrangements in place for people released from prison. These include: (i) support to and management of people subject to statutory supervision (ii) all short-term prisoners, i.e. those not released subject to statutory supervision, are eligible to request voluntary throughcare for up to 12 months following their release into the community which now includes a CIP (iii) CJSW provides a throughcare service for people with drug related issues – people are engaged pre-release and there is follow up post-release; (iv) in addition to (i) – (iii) CJSW provide drug & alcohol interventions to those serving sentences of less than one month, both during the prison sentence and in the community.

6. Equalities

Please give details of any specific services or interventions which were undertaken during 2020/21 to support the following equalities groups:

6.1 Older people *(please note that C&YP is asked separately in section 4 above)*

Toolkit of training/educational materials available designed specifically for older people, and bespoke train the trainers workshops available for those wishing to deliver training.

6.2 People with physical disabilities

Venues with suitable access and central location for groups attending weekly diversionary activity routinely provided. Grants available via the HADP Local Improvement Fund (LIF) to support development.

6.3 People with sensory impairments



Loop systems used for training and grants available via the HADP Local Improvement Fund (LIF) to support development.

6.4 People with learning difficulties / cognitive impairments.

Awareness raising, mapping of pathway relevant to Fetal Alcohol spectrum disorder (FASD) and awareness raising relevant to Alcohol Related Brain Damage (ARDB)

6.5 LGBTQ+ communities

Include relevant information available via local Partners e.g. Waverley Care in HADP newsletters to increase awareness of services and access to specific supports and training.

6.6 Minority ethnic communities

Planning underway to provide updated service information in different languages. Support provided to develop mutual aid opportunities for people whose first language may not be English. Access to LIF to support local development.

6.7 Religious communities

HADP works in partnership with communities of all faiths. Access to LIF to support local development.

6.8 Women and girls (including pregnancy and maternity)

Access to LIF to support local development. Fetal Alcohol Spectrum Disorder awareness raising campaign. HADP sole funder of specialist midwife (drugs and alcohol).



II. FINANCIAL FRAMEWORK 2020/21

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

A) Total Income from all sources

Funding Source (If a breakdown is not possible please show as a total)	£
Scottish Government funding via NHS Board baseline allocation to Integration Authority	
2020/21 Programme for Government Funding	855,320 (incl drug deaths)
Additional funding from Integration Authority	
Funding from Local Authority	
Funding from NHS Board	3,924,111
Total funding from other sources not detailed above	
Carry forwards	
Other	
Total	4,779,431

B) Total Expenditure from sources

	£
Prevention including educational inputs, licensing objectives, Alcohol Brief Interventions)	222,906
Community based treatment and recovery services for adults	
Inpatient detox services	
Residential rehabilitation services	
Recovery community initiatives	
Advocacy Services	
Services for families affected by alcohol and drug use	
Alcohol and drug services specifically for children and young people	186,465
Community treatment and support services specifically for people in the justice system	
Other	4,087,549
Total	4,496,920

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

- Scottish Government funding via NHS Board baseline allocation to Integration Authority
- 2020/21 Programme for Government Funding

Yes
No



Please provide details (max 300 words)

As far as possible. Highland works to a lead agency model and now reports to the Community Planning Partnership. the investment plan for the original PfG funding (2018) was agreed via the Health and Social Care Committee.

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

Yes

No

Please provide details (max 300 words)

As far as possible. Representatives from different partnerships sit on the HADP Strategy group and participate in collective decision-making.