

**Highland Alcohol and Drugs Partnership – Strategy Group Meeting**

**Tuesday 13<sup>th</sup> May 2025; 2pm-4:30pm  
Highland Council Headquarters, Glenurquhart Road, Inverness  
and via Microsoft Teams**

<b>Present:</b>	Carron McDiarmid – Independent Chair
	Caroline Robertson – Managing Coordinator, CrossReach
	Charlie Bryde – Lived Experience Panel Member, Scottish Drugs Forum
	Dr Andrea Broad - Consultant Gastroenterologist, NHS Highland
	Dr Rob Henderson - Consultant in Public Health Medicine, NHS Highland
	Eve MacLeod – Coordinator, Highland Alcohol and Drugs Partnership
	Fiona Simpson - Acting Team Manager, Justice Service
	Frances Gordon - Interim Head of Finance, NHS Highland
	Frances Matthewson – Research & Intelligence Specialist, Highland Alcohol and Drugs Partnership
	Ian Kyle – Head of Integrated Children’s Services – Highland Council
	Jennifer Baughan, Programme Manager for the Whole Family Wellbeing Programme, Highland Council
	Kirstin Edmiston - Development Manager, Highland Alcohol and Drugs Partnership
	Mags MacDonald - Lived Experience Panel Member, Scottish Drugs Forum
	Margaret Ross – Assistant Housing Manager, Highland Council
	Maria Cano - Acting Principal Officer, Criminal Justice Service
	Marion MacNeil - Development Officer, Highland Third Sector Interface
	Scott Watson - Governor, HMP Inverness, Scottish Prison Service
	Sergeant Graham Cameron - Police Scotland
	Steven McGowan - Peer Research Development Officer, Scottish Drugs Forum
<b>Apologies:</b>	Bev Fraser - Strategic Lead, NHS Highland, Drug & Alcohol Recovery Service
	Catherine Russell – Training and Development Manager, Highland Violence Against Women Partnership
	Christine MacKenzie – Housing Options Officer, Highland Council
	Cathy Steer – Head of Health Improvement, NHS Highland*
	Ian Templeton – Highland Third Sector Interface*
	Cllr. Kate MacLean – Elected Member, Highland Council
	Donna Munro – Lead Officer, Child Protection Committee, Highland Council
	Dr Alex Keith – Consultant Psychiatrist, NHS Highland
	James Dunbar – Director, New Start Highland and HADP Vice Chair
	Judy Hill - Police Scotland
	Kevin Flett - Manager, Community Justice Partnership (HTSI)
	Mhairi Wylie – Chief Officer, Highland Third Sector Interface
	Teresa Green - Head of Service, NHS Highland
	<i>*Technological difficulties meant that Cathy and Ian were unable to attend the meeting remotely.</i>
<b>Notes:</b>	Steph Tyrer – Administration and Communications Officer, Highland ADP

<b>1. Welcome/Apologies</b>
<ul style="list-style-type: none"> <li>The Chair welcomed everyone to the meeting and introductions were made.</li> </ul>
<b>2. Declarations of Interest</b>
<ul style="list-style-type: none"> <li>For transparency the Chair raised her connection with items where Public Health Scotland (PHS) is noted in relation to her position as a non-executive director with PHS – no conflict arises with these items.</li> <li>No other declarations of interest were raised.</li> </ul>
<b>3. Minutes of Previous Meeting and Actions</b>
<b>3.1 The minutes from the meeting held on 11<sup>th</sup> February 2025</b>
<ul style="list-style-type: none"> <li>The minutes from the meeting held on 11<sup>th</sup> February 2025 were agreed.</li> </ul>
<b>3.2 Action Tracker for the Strategy Group</b>
<ul style="list-style-type: none"> <li>The action tracker was updated with the following actions agreed to close: 6, 15, 55, 57, 59, 60, 61, 63 and 64.</li> </ul>
<b>3.3 Positive developments to highlight since 11<sup>th</sup> February 2025</b>
<p><u>Licensing Success</u></p> <ul style="list-style-type: none"> <li>Cllr. MacLean successfully utilised the Alcohol Overprovision Statement to challenge the expansion of a supermarket alcohol display area. The Alcohol Over Provision Statement reduced the allocated space for off-sales from 40sqm to 30sqm, and therefore, this application met criteria for refusal.</li> </ul> <p><u>Ministerial Roundtable</u></p> <ul style="list-style-type: none"> <li>EM noted that Highland and Moray were selected as areas for a Ministerial roundtable on 10<sup>th</sup> April held in Inverness with the Cabinet Secretary for Health and Social Care, Neil Gray, regarding the National Mission. This was an opportunity for local experience to influence national developments. SG arranged the invitations and there was a mix of statutory, voluntary and lived experience present. SG displayed their ambition to reduce the harms and deaths from alcohol and drugs in preparation for beyond the National Mission dates. Some provider and lived experience comments require further attention in the ADP and will be picked up by the Chair and Coordinator.</li> </ul> <p><u>Commercial Determinants of Health Webinar</u></p> <ul style="list-style-type: none"> <li>The HADP hosted a webinar in March about the commercial determinants of health. It was a really interesting session and the slide sets, and a short report, will be available on the HADP website soon.</li> </ul> <p><u>Highland Alcohol and Drug Digital Support Service</u></p> <ul style="list-style-type: none"> <li>Applications to deliver the new Highland Alcohol and Drug Digital Support Service have been submitted, reviewed by a panel and awaiting approval and signature. We hope to be able to share shortly who the preferred supplier will be and look forward to working with them on this development for Highland.</li> </ul> <p><u>MAT Standards</u></p> <ul style="list-style-type: none"> <li>The MIST Team have given some positive feedback regarding the progress that has been made towards achieving the MAT Standards.</li> </ul>
<b>4. Finance</b>
<b>4.1 Update from finance</b>
<p><u>Expenditure April 2024 to March 2025</u></p> <ul style="list-style-type: none"> <li>The ADP Allocation for 2024/25 was £1,872,340 and after concerted effort to ensure full draw down of the grant a small underspend of £438 remained. Thanks were extended to those involved in avoiding the forecast underspend.</li> </ul>

- The MAT Standards budget was £422,129. At year end there was an underspend of £44,637 which was mainly due to the difficulties with recruitment. It was agreed that unavoidable underspend in the DARS team would in future be redeployed to ensure full draw down of grant. The Finance Team will support the DARS budget manager to accurately forecast expenditure and enable full grant draw down.

Update on approach to commit 2025/26 funds

- It was noted from the SG letter circulated with the papers that the HADP has been allocated the same budget for 2025/26 as last year with a baseline uplift for NHS staff costs. This means other inflationary pressure must be accommodated within the budget.
- Finance colleagues working with the Development Manager, will determine what has already been committed, and what remains unallocated, for 2025/26. This will be clearer once the formal offer from Scottish Government has been received.
- Strategy Group members will be sent an update by email once the financial position for 2025/26 has been confirmed. New investment will be aligned to the new strategy to be concluded at the next meeting.

Action	Lead	Timescale
<ul style="list-style-type: none"> <li>• Send an email to the Strategy Group once the financial position for 2025/26 has been confirmed.</li> </ul>	EM	In advance of the next Strategy Group

**4.2 Commissioning and Contracts**

- Work is ongoing with colleagues in Contracts to ensure our existing contracts are up to date. There is a meeting tomorrow, 14<sup>th</sup> May, to discuss the next steps.

**5. HADP Strategy 2025/26 – 2029/30**

- EM gave an overview of the new HADP Strategy which has 6 key priorities and 6 outcomes.
- The Strategy has been informed by the policies we have to work to as well as the health needs assessment as the evidence base. This includes feedback on concerns including from people with lived and living experience.
- Feedback on the Strategy was sought from partners – key points of note:
  - Use an ‘action; word rather than the word ‘consider’
  - Include the poverty action delivery group
  - Provide a link to the HMP Strategy
  - The Housing First model needs to be developed. Highland Council reps acknowledge further trauma informed training would be beneficial.
  - It is important that the voices of those with lived experience are captured.
  - Check we have the right connections with local partnerships.
  - An equality impact assessment will be done on the strategy - partners are invited to be involved with this.
  - Alignment to the Highland Outcome Improvement Plan (HOIP) will be included.
  - More information around recovery communities could be included.
  - Consider ways to share previous impact.
- There is still some work to do to ensure we are working towards, and accountable for, achieving the high level indicators.
- Infographics are being prepared and formatting will be undertaken.
- The HADP Support Team will continue to work on the final version and will have this completed by the next Strategy Group meeting in August, ready to present to the Community Planning Partnership Board meeting in September.

Action	Lead	Timescale
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<ul style="list-style-type: none"> <li>The Strategy Group are asked to send feedback on the new HADP Strategy to the HADP Support Team by 13<sup>th</sup> June.</li> </ul>	All	13 <sup>th</sup> June
<b>6. Performance Reporting and Scrutiny</b>		
<b>6.1 Outcomes/Performance Dashboard</b>		
<p><i>FM presented the dashboard. Key points highlighted included:</i></p> <ul style="list-style-type: none"> <li>There were 3 suspected drug related deaths in March 2025 and 2 in April. This is comparable with previous years.</li> <li>Work continues with the Local Early Warning System (LEWS) group to monitor the local situation regarding synthetic opioids.</li> <li>DARS have recovered their position to deliver the 3-week waiting time target, from referral to treatment, with 91% achieved within the last quarter.</li> <li>It was agreed that information on ongoing waits will be included in the dashboard going forwards to capture how long those that aren't seen within the 3-week target are waiting. This would help to understand the comments made in the Ministerial round table better.</li> <li>The number of DARS referrals has reduced due to the streamlining of the referral process and caseloads being reviewed.</li> <li>Community distribution of take-home naloxone kits remains high – this doesn't include kits distributed by Scottish Ambulance Service.</li> <li>All 10 of the MAT Standards achieved a green rating in the RAG scoring.</li> <li>There has been a big improvement in the number of ABIs undertaken increasing from an average 290 to 480 ABIs per month pre- and post- Oct 2024. This included a spike in January where more than double the target figure was achieved. Reasons for this improvement include the introduction of a new local Enhanced Service agreement from Oct 2024 and the targeted delivery of ABI training across GP partners by the Health Improvement Team.</li> </ul>		
<b>Action</b>	<b>Lead</b>	<b>Timescale</b>
<ul style="list-style-type: none"> <li>Look at the 10% of people not being seen within the 3-week waiting time target to understand the reasons for these delays.</li> <li>Partners are requested to provide data on their services that can be included in the dashboard. A workshop will be planned to develop the dashboard further.</li> </ul>	<p>FM</p> <p>All</p>	<p>Next Strategy Group</p> <p>In advance of the next strategy group</p>
<b>6.2 Drug Death Reviews</b>		
<p><i>FM provided a verbal update from the most recent Drug Deaths Review meeting. Key issues highlighted were:</i></p> <ul style="list-style-type: none"> <li>There have been two Drug Related Death Review Group meetings so far this year with a total of 7 deaths reviewed - 2 female and 5 male.</li> <li>5 deaths were under the age of 45.</li> <li>A combination of substances was involved in these deaths with one explicitly mentioning heroin.</li> <li>Many of the cases have similarities in the underlying circumstances with issues across housing, childhood trauma, mental health, child access, contact with services, contact with justice service and previous issues with alcohol and drugs. In one review, it was noted that the person had recently been evicted from a Council tenancy.</li> <li>Information from the reviews is summarised within a 7-minute briefing document which details any issues that arise across the reviews. FM will share the most recent 7-minute briefing with the group.</li> <li>Actions are taken to the Drug Related Death Prevention Group, or other services as appropriate, and logged on an action tracker.</li> </ul>		

- It was highlighted that interventions offered by third sector organisations might be an option for those feeling unable or unwilling to engage with services.
- The directory of services is being updated as part of the Together We Can events that were held across Highland. MM will share the list of third sector services that Highland Third Sector Interface hold with the group.
- It was suggested that it may be useful to look at themes within reviews which would highlight areas where change should be considered.
- A national report is produced from the national database and it was noted that this showed a shift in trends. This change in trends will be further explored.
- People are generally expected to opt in to services however it is recognised that this can be difficult to do if they are dealing with difficult circumstances such as trauma or poverty. The new HADP Strategy includes a proposed expansion of assertive outreach to address this issue. It was noted that currently the assertive outreach team only outreach to people with drug problems, and not alcohol problems, and that the service is only available in certain geographical locations. Mutual aid support is available and can offer a more flexible approach however many different support streams are required. More information about mutual aid will be added to the new HADP Strategy.
- It was noted that a fuller discussion on drug death reviews had been helpful in the meeting in trying to understand what changed as a result of reviews. National guidance on what a Drug Related Death Review process should look like is awaited. A meeting consulting with ADPs about the new guidance is being held next month.

Action	Lead	Timescale
• Share the list of third sector services with EM that HTSI hold.	MM	Next Strategy Group
• Share the most recent 7-minute briefing with the Strategy Group.	FM	Next Strategy Group
• Ensure transitions are included within the new HADP Strategy.	EM	Next Strategy Group
• Explore the shift in trends shown on the report produced from the national database.	FM	Next Strategy Group
• Add more about mutual aid to the new HADP Strategy.	EM	Next Strategy Group

### 6.3 Risk Assessment and Mitigation

KE introduced the risk register.

- The new risk scores were agreed, noting the developments below.
- It was noted that the risk register is provided to the HPPCOG. A new column showing forecast risk scores had been included for the next quarter.
- The completed Health Needs Assessment and the draft HADP Strategy have contributed to 4 items on the risk register being de-escalated, 7 have stayed the same and none have been escalated.
- It is hoped that up to 6 could be de-escalated over the next quarter.
- There have been improvements made to financial processes and the understanding of these processes has increased. The financial position will continue to be monitored to ensure a plan is in place for this year's spend.

### 6.4 Reviewing Progress with Partnership Funded Services

EM provided an overview. All progress reports have been received this quarter with an overall improved picture compared to the last quarter. 16 services were noted to be rated green.

Updates on those marked red

- Associate Lead Nurse – The post holder has been allocated to a different area of work for 4 months by their line manager. Clarity is sought on how this reduction in provision should be managed financially. This progress report has not been marked green for a very long time, if ever. It was noted that colleagues have been taking on some of the work in the post-holder's absence. It was agreed that funding would be reduced proportionately for the period not covered.
- HMP Inverness, CBT Role – This work has not progressed and it has been concluded that the role is no longer required. This will free up funding and enable new service design. The post-holder has started a work based trial within another service. One of the projects through the Local Improvement Fund has been given an award for their prison based project in Inverness HMP. MM will send information on this to EM.

Updates on those ragged amber

- DTTO2 – The numbers are low however a part time social worker vacancy has now been filled and there has been an increase in DTTO assessments. It was noted that some Sheriffs don't support the DTTO2 project and will therefore not approve referrals made by social work. Some work will be undertaken with the Sheriffs to identify barriers. It was noted that DTTO2 is targeted to young people and women.
- Beechwood – Meetings to look at partnership working have already taken place.
- Highland Advocacy Partnership – They have been concerned about the new quarterly payment terms of their contract. NHS Highland Procurement department are supportive of an interim arrangement which is being pursued.
- Housing First – Some challenges have been highlighted and discussions on how to reduce the barriers are welcomed.
- Local Improvement Fund – This is marked amber due to the difficulties in getting reports in from others. HTSI have appointed an admin officer for funding who will support with the tracking and collating of reports.

Issues arising from those marked green

- It was noted that several green rated reports tell really strong stories about how people are being supported and how providers are constantly looking to improve their service. A recurring theme is benefiting from lived and living experience in services.
- Action for Children and the Custody Links Project have both reported that they are seeing more people in crisis. This could link in with the work JH is leading on. It was agreed that crisis should be included in the new HADP Strategy.
- DARS have made good progress from the last Quarter with conversations taking place about custody settings.

Action	Lead	Timescale
<ul style="list-style-type: none"> <li>• MM will send EM some information on the project, funded through the LIF scheme, who received an award for their prison-based work.</li> </ul>	MM	Next Strategy Group
<ul style="list-style-type: none"> <li>• BF will undertake some work with the Sheriffs to identify the barriers they have and support the wider use of DTTO2 where appropriate.</li> </ul>	BF	Next Strategy Group
<ul style="list-style-type: none"> <li>• Include something in the new HADP Strategy on the theme of crisis and service provider view of the increasing incidence of crisis.</li> </ul>	EM	Next Strategy Group
<ul style="list-style-type: none"> <li>• EM to meet with MC to discuss DTTO2</li> </ul>	EM	Next Strategy Group
<b>6.5 Community Planning Partnership Board</b>		

- The report circulated by the Chair from the meeting in February was noted. The next meeting is in June.

#### **6.6 Public Protection Chief Officers Group**

- The report circulated by the Chair was noted.
- Tim Allison, the Director of Public Health, attended the last meeting in the Chair's absence.
- The group accepted the ADP report but were concerned that all risks were marked red. The ADP noted the risk ratings reflected the risk register was new and that the new column showing forecast ratings should provide more assurance going forward.
- The next meeting will be in July and a workshop is planned for week commencing 19<sup>th</sup> May.

#### **6.7 Integrated Children's Service Planning Board/Leaders' Forum**

- The annual report was presented at the last Board meeting on 3<sup>rd</sup> April.
- The next Vision 26 event is taking place in August and will include a 'Bright Beginnings' event for 0-12 year olds.
- All stall holders are asked to plan activities for this age group - the Care and Learning Alliance (CALA) have offered to support with this.
- EM is attending a development session on Thursday 15<sup>th</sup> May. It is hoped that alcohol and drugs will continue to be a priority for the 2026-2029 plan.

#### **6.8 Scottish Government Reporting/Updates**

##### Funding Letter

- The HADP have been given the same budget for 2025/26 as last year.

##### National Mission Delivery Group – Terms of Reference

- The ToR was noted. ADP's are represented on the National Mission Delivery Group by Pam Dudek, the Independent Chair of Dundee City ADP and former Chief Executive of NHS Highland.

##### Scottish Government Annual Report

- Every year ADPs are asked by Scottish Government to complete a survey report. EM may need to clarify some points with Strategy Group members before the sign off date of 6<sup>th</sup> June. A draft version of the document will be shared for comment, before being presented at the HCCP meeting on the 6<sup>th</sup> June for sign off, before being shared with Scottish Government by 13<sup>th</sup> June.

##### Update on Ministerial post

- HADP notes the sad death of MSP Christina McKelvie. It was noted that the new Minister for alcohol and drugs policy has not yet been appointed.

### **7. Partnership Improvement and Learning**

#### **7.1 Self-assessment with support from Improvement Service**

- The local authority Improvement Service (IS) is facilitating HADP's self-assessment. This follows the SG framework for all ADPs. Having agreed the question set is fit for purpose for Highland, all strategy group members will receive the survey to complete by email over the next few weeks.
- The survey should take around 30 minutes to complete and is anonymous. People are encouraged to be completely honest with their responses.
- The Improvement Service will then collate the answers and prepare a report for us to consider. This will then be discussed in a workshop session to agree our development plan for the next year. Dates TBC.

#### **7.2 ADP Chairs Leaders' Forum**

- The Chair’s update report was noted following the meeting on 6<sup>th</sup> March.
- The next meeting is in person on 10<sup>th</sup> June.
- Work is underway to create a job description for HADP Chairs.

**7.3 Summary feedback from the National Public Protection Leadership Group (NPPLG)**

- The Chair’s update and newsletter were noted.
- The group is trying to improve consistency in public protection practice. Several workstreams are underway.
- It was noted that new work is underway on a new missing person’s protocol and approach and the increase in home schooling, and associated risks.

**8. New and Emerging Risks and Opportunities**

- EM noted that the drug market continues to be unpredictable and risky with nitazenes causing particular concern, harms and deaths. Nitazenes are potent opioids requiring multiple, prolonged doses of naloxone to bring people round. A national incident management team (IMT) has taken place in response to this issue but has now been stepped down. The risk, however, remains high and it is possible the local situation could change.
- EM noted that a simulation exercise took place with the Local Early Warning System (LEWS) group to test the response to an emerging situation. Processes continue to be developed.
- It was agreed that time on the agenda for the next meeting will be allocated to the Scottish Drugs Forum Lived Experience Panel to ensure good connection with the Panel and Strategy Group.

Action Points	Lead	Timescale
<ul style="list-style-type: none"> <li>• Allocate time on the next agenda to the SDF Lived Experience Panel to ensure good connection..</li> </ul>	EM	Next Strategy Group

**9. Date and time of next meeting: Tuesday 19<sup>th</sup> August 2025; 2pm-4:30pm**

- The next meeting will be on 19<sup>th</sup> August 2025 2–4.30pm; in-person and via Teams link if needed. Venue TBC.

Dates for meetings for 2025 are listed below:

- Tuesday 19<sup>th</sup> August 2025
- Tuesday 18<sup>th</sup> November 2025