



Highland
Community
Planning
Partnership

Com-pàirteachas
Dealbhadh
Coimhearsnachd
na Gàidhealtachd

Minutes of Meeting of the Community Planning Partnership Board held remotely, via Microsoft Teams, on Friday 5 December 2025 at 10.00 am.

Present:

The Highland Council:

Councillor Raymond Bremner, Leader of the Council
Councillor Hugh Morrison, Vice Chair of Communities and Place Committee (substitute)
Derek Brown, Chief Executive

Highlands and Islands Enterprise:

Eann Sinclair, Area Manager – Caithness and Sutherland (also representing Community Partnerships)

NHS Highland:

Sarah Compton-Bishop, Chair, NHS Highland Board
Fiona Davies, Chief Executive
Jennifer Davies, Director of Public Health

Police Scotland:

Chief Superintendent Rob Shepherd, Divisional Commander, Highland and Islands

Scottish Fire and Rescue Service:

Lynne Gow, Area Commander and Local Senior Officer

Community Partnership representative:

Eann Sinclair, Chair of Caithness Community Partnership (also representing Highlands and Islands Enterprise)

High Life Highland:

James Martin, Director of Community, Leisure and Sport (substitute)

Highland Third Sector Interface:

Kenny Steele, Chair of HTSI Board
Mhairi Wylie, Chief Officer

Highlands and Islands Regional Transport Partnership (HITRANS):

Ranald Robertson, Partnership Director

NatureScot:

Graham Neville, Head of Operations - North

Skills Development Scotland:

Anthony Standing, Head of Operations – North Region (substitute)

In attendance:

Fiona Malcolm, Chief Officer – Integrated People Services, The Highland Council

Rhiannon Boydell, Head of Service Integration, Planning and Performance, Highland Health and Social Care Partnership (substitute)
Ian Kyle, Chair, Community Learning, Development and Engagement Strategic Group
Cathy Steer, Chair, Mental Health and Wellbeing Delivery Group
Alison Clark, Chair, Poverty Reduction Delivery Group
James Maybee, Chair, Community Justice Partnership
Carron McDiarmid, Chair, Highland Alcohol and Drugs Partnership
Gail Prince, Partnership Development Manager
Melanie Murray, Principal Committee Officer, The Highland Council

Also in attendance:

Jim McCormick, Co-Chair, Poverty and Equality Commission
Maggie Cunningham, Co-Chair, Poverty and Equality Commission
Anna Templeton, Principal Project Manager (Resources), The Highland Council
Jack McIntyre, Project Manager, The Highland Council

Raymond Bremner in the Chair (items 1-6)
Sarah Compton-Bishop in the Chair (items 7-16)

Business

1. Apologies for Absence

Apologies for absence were intimated on behalf of Councillor Graham MacKenzie, Stuart Black, Steve Walsh, Roddy Bailey and Vicki Nairn.

2. Declarations of Interest

For transparency, the Chair of the Highland Alcohol and Drugs Partnership declared a connection, as a Non-Executive Director of Public Health Scotland, to items 6, 10, 11 and 15. However, there was no conflict of interest.

The Board **NOTED** the position.

3. Minutes of Meetings

The Board:

- i. **APPROVED** the Minutes of the Community Planning Partnership Board – 19 September 2025; and
- ii. **NOTED** the Minutes of the Highland Alcohol and Drugs Partnership Strategy Group – 19 August 2025.

The Chair of the Community Justice Partnership (CJP) apologised that the Minutes of the September meeting of the CJP were not available. This was a timing issue, as the draft Minutes would not be approved until the meeting of the CJP on 10 December 2025. It was confirmed that, in 2026, efforts would be made to better align the dates of the CJP with the CPP Board so Minutes could be brought to the Board in a timely manner.

4. Action Tracker

The Board was asked to review progress of its agreed actions as set out in the Action Tracker which had been circulated.

The Board **NOTED** the Action Tracker.

5. Highland Community Justice Partnership Annual Report 2024/25

The Chair of the CJP reminded Board Members that, in addition to the annual return that had been approved by the Board in September 2025, which was a descriptive account of the activity that had taken place in 2024/25, the CJP was required to publish a community-facing annual report by the end of December each year. The community-facing annual report was much more of a quantitative report, and the data report from Community Justice Scotland that informed it was not available until the end of November. The annual report was currently in draft form and would be considered and approved, subject to any minor amendments, by the CJP at its meeting on 10 December 2025. Again, there was a timing issue in terms of bringing the report to the Board for approval and it was proposed that, as had happened last year, it be circulated to Board Members by email for approval, with final sign-off by the Board Chair, prior to submission to Community Justice Scotland.

Support having been expressed for the proposed approach, the Board **AGREED** that, following the Community Justice Partnership on 10 December 2025, the community-facing Community Justice Partnership Annual Report 2024/25 be circulated to Board Members for approval prior to submission to Community Justice Scotland.

6. Health Inequalities

The Chair of the Highland Alcohol and Drugs Partnership declared a connection to this item as a Non-Executive Director of Public Health Scotland. However, there was no conflict of interest.

There had been circulated Report No CPPB/23/25 by the Director of Public Health, NHS Highland.

The Head of Health Improvement, NHS Highland, gave a presentation in amplification of the report.

A detailed discussion took place, during which the following main points were raised:

- it was hoped that the Poverty and Equality Commission, which was the subject of the following item, would lead to a more forensic way of looking at issues around inequality and disadvantage and provide a clearer, data-driven picture of where action was needed;
- in terms of further refinement of the dashboard and alignment with the Integrated Children's Services Plan, it was suggested it was necessary to refer to The Promise and identify those who were care-experienced in the data. There was also an opportunity to look at multiple layers of deprivation – for example, the significant number of young people with Additional Support Needs who also experienced poverty;
- the ability of the Scottish Index of Multiple Deprivation (SIMD) to reflect rural/remote and rural issues and provide a true picture of deprivation in Highland was questioned, and further work was required to ensure that all areas where poverty existed were effectively identified;
- a call was made for greater alignment with the Green Health Partnership and some of the outcomes and indicators it could support, particularly around access to quality green space. Green space with high nature value promoted good health outcomes, and whilst some of the more deprived communities in Highland had green space it might be poor quality with low nature value. A request was also made for alignment with the One Health agenda, environmental health and human health being intrinsically linked;
- the impact of health inequalities on the economy was highlighted;

- disappointment was expressed that data on healthy life expectancy in Highland could not be obtained. However, the issues in that regard, as set out in the indicator report, were accepted. The Head of Health Improvement, NHS Highland, undertook to revert to the Chair of the Highland Alcohol and Drugs Partnership on this point;
- in relation to Marmot Principle 5 – Create and develop healthy and sustainable places and communities, it was queried whether the working group had looked at whether there were any reliable indicators around the scale of volunteering and voluntary action;
- in relation to Marmot Principle 6 – Strengthen the role and impact of ill-health prevention, whilst an indicator around alcohol-specific admissions was referred to in the index it appeared to have been removed from the body of the indicator report. The Highland Alcohol and Drugs Partnership would support its removal as it was an ambiguous indicator;
- it was queried whether the Board might wish to look at any of the Marmot Principles in particular or prioritise them and explore the data in-depth to understand the implications for Highland, the variation between localities and whether any additional partnership action, particularly around prevention, was required;
- the Chief Executive, NHS Highland, spoke to the need to view the indicator report in the context of the broader shift within the NHS to a population health approach, and for the work of NHS Highland and the CPP Board to complement each other. The dashboard was only one tool, and much more extensive work was required to understand how to segment the data and where targeted action was needed;
- whilst the language used might differ, all partners had the same objective of addressing the needs of those most affected by poverty;
- it would be helpful to have a map showing the areas in Highland that were classed as remote and rural and were experiencing issues in terms of depopulation and public sector staff shortages;
- a CPP Board Development Day was scheduled to take place in January to look at priorities for the forthcoming year, and the information in the dashboard, as it evolved, would be an important part of that process;
- the dashboard was the start of a process, and there were many opportunities to ensure that work to tackle health inequalities was built into strategy development, both within NHS Highland and the CPP; and
- the Director of Public Health highlighted that the indicators presented were system indicators, rather than indicators of action, to demonstrate whether progress was being made towards a population health shift. A considerable amount of work had gone into developing the indicators, and that could be shared. However, further improvement was still possible. The dashboard needed to be useful to the CPP, and alignment with the various CPP sub-groups formed an important part of that.

The Board:

- i. **NOTED** the progress to develop a data dashboard to monitor health inequalities;
- ii. **AGREED** to commit to providing contributions to further refine and develop the dashboard; and
- iii. **AGREED** to commit to supporting stakeholder engagement activity to refine the dashboard and identify how health inequalities were considered in the wider CPP structure.

7. Highland Poverty and Equality Commission

Further to the previous meeting of the Board, at which a presentation had been provided on the establishment, membership, role, aims and approach of the independent Highland Poverty and Equality Commission, Jim McCormick and Maggie Cunningham, Co-Chairs of Commission, provided a verbal update on its work to date.

It was explained that the work of the Commission was based around six themes, namely, Access; Housing; Culture and ways of working across public service; Fair work; Early years and education; and Financial security. Monthly meetings focused on each theme in turn, and there were sounding boards ahead of every meeting. The first meeting had taken place in August and, so far, the Commission had met and carried out outreach visits in Balintore, Fort William and Kyleakin. The Commission's Interim Report, on the themes of Access and Housing, would be considered by the Council at its meeting on 10 December 2025.

It was emphasised that poverty and inequality in Highland were real, costly and damaging, with complex root causes influenced by national and international forces. The primary responsibility of the Commission was to focus on the areas within Highland's control, at both regional and local level, and offer solutions. In-depth information was provided on the challenges and opportunities that existed and initiatives that had come to the attention of the Commission that could potentially be rolled out in other areas. Particular reference was made to the Lochaber Transport Initiative, transport being the single biggest issue for many people in remote areas of Highland, and the Highland Whole Family Wellbeing Programme which was a good example of a "no wrong door" approach.

Attention having been drawn to the questions/discussion points that had been circulated to focus contributions, a detailed discussion took place during which the following main points were raised:

- poverty and inequality were widespread yet often went unrecognised, and the focus and richness the Commission would bring to the issue were welcomed;
- it would be beneficial to hold a convention or conference, similar to that which had taken place in respect of the Highland Housing Challenge, at which a wide range of partners and stakeholders could explore the questions that had been circulated to focus today's discussion;
- the Covid-19 pandemic had exposed previously unrecognised issues relating to poverty and inequality within communities, and it was important that lessons were learned from that period in terms of adopting effective ways of working with communities, particularly "silent" partners and groups that worked diligently in the background. It was further commented that statutory and public sector bodies had provided strong leadership during the pandemic and it had largely been left to locally based organisations to develop creative solutions. This had worked well, but such practice had since regressed;
- culture change was needed in terms of people's understanding of poverty and inequality;
- the Social Value Charter for Renewables Investment was highlighted as part of the mix of potential solutions to address poverty and inequality;
- it was necessary to be reactive to the available data and reshape service delivery to deliver the best possible outcomes, and it would be helpful to explore, in more detail, better integration of services, how to make greater use of digital services such as NHS Near Me, and making services more mobile;
- in addition to analysing the data, it was necessary to get out into communities and see and hear what was going on;
- it was often those who were most vulnerable and quiet that were most in need of help;
- the concept of remoteness was relative, and it was suggested the term "rural and island communities" was more appropriate than "remote and rural communities";
- Highland Third Sector Interface (HTSI) was in the process of engaging with third sector partners in relation to poverty, and the Chief Officer, HTSI, summarised and sought reflections on the emerging themes which included relationship barriers to implementing better commissioning and partnership models; poverty manifesting differently in different areas of Highland; pressures on carers, particularly the income shock associated with becoming an unpaid carer; challenges around childcare; poverty of opportunity, not only

in terms of employment but in terms of cultural activity and the ability for young people to enrich their life and feel connected; and whether Equality Impact Assessment tools were being utilised as fully as possible;

- in relation to third sector commissioning, the continued centralisation of public resources had resulted in increased expenditure and a reduction in the commissioning of locally based solutions;
- the gap between public sector and voluntary sector rates of pay was increasing, and it was necessary to look at providing greater equity for all public service staff;
- Board Members were encouraged to review The Wigan Deal which had been revolutionary at the time of its introduction due to its place-based approach and the delivery of services through the community sector. It was suggested there would be merit in developing a “Highland Deal”, in a similar format, which would harness the creative solutions within communities and the voluntary sector;
- it was important that where data-sharing took place it was done with service users’ interests in mind;
- the Elected Members on the Commission had lived experience of the issues affecting their constituents, which was a key strength;
- Covid-19 would not be the last pandemic, and it was important to get better, more resilient systems in place incorporating public and third sector partners;
- it was necessary to consider how best to capture the richness that existed within communities, and how to strengthen the next iteration of the Highland Outcome Improvement Plan in light of the Commission’s findings; and
- it was suggested that any further feedback on the discussion points be provided to the Co-Chairs of the Commission outwith the meeting.

The Co-Chairs of the Commission having responded to the points raised and thanked Board Members for their genuine engagement, the Board:

- i. **NOTED** the update on the work of the Commission; and
- ii. **AGREED** that partners provide any further feedback on the discussion points to the Co-Chairs of the Commission outwith the meeting.

8. **Highland Outcome Improvement Plan (HOIP) Delivery Plan Progress Update – Highland Employer Charter**

There had been circulated Report No CPPB/24/25 by Jack McIntyre, Project Manager.

In addition to the report, the Project Manager gave a presentation on the Highland Employer Charter which it was explained had been launched in June 2025 to promote fair employment practices across the region. The Charter was free for all organisations, including the third sector, and was based on four pillars: Fair Pay, Employers of Choice, Employ Highland and Procure Highland. Eight organisations had achieved chartership, a digital platform was being developed, and Phase 2 assessments were underway with further cohorts planned.

During discussion, the following main points were raised:

- the presentation and the amount of work that had taken place in a short space of time were commended;
- concern was expressed that schemes such as the Charter could inadvertently create inequality, particularly for smaller third sector organisations that might lack the resources to meet the requirements. It was suggested that commissioning arrangements by larger public bodies should consider supporting compliance. In this regard, it was confirmed there was no intention to disadvantage the third sector, and it was suggested that the issue be explored further outwith the meeting;

- opportunities to align the Charter with NHS work on Healthy Working Lives and health at work were highlighted and the Head of Health Improvement suggested meeting with the Project Manager to explore this; and
- the Project Manager emphasised that the Charter was designed to be equitable and inclusive, with third sector organisations already participating in the first two cohorts. Feedback would inform future iterations.

The Board otherwise **NOTED** the presentation and progress report.

9. Community Learning and Development (CLD) Annual Report 2024-2025

There had been circulated Report No CPPB/25/25 by the Chair of the CLD Strategic Group.

During discussion, the following main points were raised:

- it was questioned whether the links between CLD activity and the Planet Youth initiative were strong enough, and it was suggested there were opportunities for sharing good practice and learning, particularly given Planet Youth was now being rolled out to 13 secondary schools;
- in response to a question, it was confirmed that adult literacy and numeracy provision in prisons had been considered as part of the ongoing partnership work between the Scottish Prison Service and the Council's Justice Services, and the Chair of the CLD and Engagement Strategic Group undertook to provide further details to the Chair of the HADP; and
- while the significant progress that had been made was welcomed, some elements of the Annual Report appeared somewhat random, and it was suggested future iterations could benefit from a clearer structure. In addition, the importance of demonstrating what had been leveraged as a result of CLD partnership work, as opposed to activity that would have occurred anyway, was emphasised.

It having been confirmed that consideration would be given to how the points raised could be taken into account, the Board **NOTED** the progress, including key delivery achievements, made in year one of the Highland Community Learning and Development Plan 2024-2027.

10. Highland Local Child Poverty Action Report 2024-2025

The Chair of the Highland Alcohol and Drugs Partnership declared a connection to this item as a Non-Executive Director of Public Health Scotland. However, there was no conflict of interest.

There had been circulated Report No CPPB/26/25 by the Poverty Reduction Delivery Group.

The Board:

- i. **NOTED** the actions carried out in 2024/25 as set out in section 2 of Highland's Child Poverty Action Report in Appendix 1 of the report;
- ii. **AGREED** the actions for delivery in 2025/26, as set out in section 3 of the Action Report in Appendix 1 of the report; and
- iii. **NOTED** the activity to be undertaken during 2025/26 to review the priorities in line with the refresh of the Integrated Children's Services Plan.

11. Active Highland Strategy Group Terms of Reference

The Chair of the Highland Alcohol and Drugs Partnership declared a connection to this item as a Non-Executive Director of Public Health Scotland. However, there was no conflict of interest.

There had been circulated Report No CPPB/27/25 by the Head of Health Improvement, NHS Highland.

The Board **AGREED** to:

- i. endorse the refreshed Terms of Reference for the Active Highland Strategy Group; and
- ii. commit to supporting implementation of the Strategy and Action Plan.

12. CPP Terms of Reference Update

The Partnership Development Manager explained that Police Scotland had previously been proposed for the role of Vice Chair of the Board. However, due to capacity constraints arising from the Chief Superintendent's forthcoming responsibilities as Chair of the Public Protection Chief Officers Group, Police Scotland was unable to take on the role. The Chief Executive, The Highland Council, confirmed that the Leader of the Council had volunteered to assume the Vice Chair role for the remainder of the current term if Board Members were agreeable. In addition, support was expressed for the suggested addition of a clause to the Terms of Reference to allow the nomination of a Board Member to chair the meeting in the event both the Chair and Vice Chair were absent.

The Board **AGREED**:

- i. that the Leader of the Council be appointed as Vice Chair of the CPP Board for the remainder of the current term, and that the Terms of Reference be updated accordingly; and
- ii. that a clause be added to the Terms of Reference whereby in the event both the Chair and Vice Chair were absent the Board would nominate a Board Member to chair the meeting.

13. Proposed CPP Board Reporting Schedule 2025/26

There had been circulated Report No CPPB/28/25 by the Partnership Development Manager.

The report presented the proposed reporting schedule for 2025/26 as a basis for forward planning, and the Chair suggested that any feedback on the detail of the schedule be provided to the Partnership Development Manager outwith the meeting.

The Board **AGREED**:

- i. to adopt the proposed reporting schedule for 2025/26 as a basis for forward planning; and
- ii. that any feedback on the detail of the schedule be provided to the Partnership Development Manager outwith the meeting.

14. Review of Strategic Risk Register

The Partnership Development Manager provided a verbal update on the review of the Strategic Risk Register, during which it was explained that the subgroup established by the Board had met for the first time and held an initial discussion on the approach to the review. Thanks were expressed to partners who had nominated representatives to join the subgroup, and it was confirmed that the next meeting would take place in January ahead of the Board development session. It was intended to bring a further update to the development session and have a more detailed discussion on risks.

The Board **NOTED** the update.

15. Partnership Development Team Quarterly Update: September to November 2025

The Chair of the Highland Alcohol and Drugs Partnership declared a connection to this item as a Non-Executive Director of Public Health Scotland. However, there was no conflict of interest.

There had been circulated Report No CPPB/29/25 by the Partnership Development Manager and CPP Senior Officers.

The Partnership Development Manager highlighted the challenge in terms of partner engagement at local level and confirmed that work was underway to progress conversations with senior officers. Board Members were invited to consider internal discussions to support this.

The Board **NOTED**:

- i. the quarterly report;
- ii. the update on challenges highlighted and the actions needed to address the issues identified; and
- iii. the updated Year 2 Milestones at Appendix 1 of the report.

16. Date of Next Meeting

The Board **NOTED** that the date of the next meeting was to be confirmed.

The meeting ended at 12.00 noon.



Strategic Group Meeting

Wednesday 10 September 2025, 10:00-12:00

Police HQ, Old Perth Road, Inverness IV2 3SY

Minute of Meeting

1. Attendance

Present

Marie Bain (NHSH); Maria Cano (THC JSW); Judy Hill (Police Scotland); Kate MacLean (THC Elected Member); Frances Matthewson (HADP); James Maybee (HCJP - Chair); Kerry O'Hagan (SPS/Transitions Delivery Group); Margaret Ross (THC Housing); Miles Stubbs (SFRS); Scott Watson (SPS).

It was noted that this would be the final HCJP meeting that Miles would attend before his retirement next month. James thanked Miles for his valuable contributions over the years (of particular note was his commitment to the Stay on Side Fire Skills courses which continue to be run across Highland). The meeting wished Miles well for the future.

In attendance

Gabrielle Buist (HCJP); Kevin Flett (HCJP - Minutes); Alan Grant (Custody Link Project). Mhairi Wylie (HTSI).

2. Apologies for absence

Roddy Bailey (SDS); Peter Mackenzie (HVAWGP); Ritchie Macrae (Police Scotland); Sarah Malhan (THC JSW/Diversions Delivery Group); Louise Martin-Theyers (UHI); Carol Spratt (NHSH); Ruth Thomson (SCTS); Emma Todea (VSS).

		Actions
3.	Declarations of Interest - None	
4.	<p>Minutes of 11 June 2025: The minutes were approved.</p> <p>Follow up actions</p> <p>Completed: 6, 21, 22, 24 (see note), 26, 27, 28, 30</p> <p>Ongoing: 4 (see item 5.), 23 (see note), 25 (see item 5.), 29 (see item 9.)</p> <p>Note:</p> <p>Action 23 – Throughcare event took place 02/09/2025 in HMP Inverness. It was agreed that there would be additional benefit in the Upside (Throughcare) manager, Karen Watson, attending a future HCJP meeting. (see Item 8.)</p>	<p>23. Kevin will invite Upside manager to future meeting.</p>

	<p>Action 24 – Judy updated the meeting on progress towards addressing the gaps in provision for people in crisis or distress, but not in need of acute services. An initial paper has been submitted to the HCPP Board with a full business case to commission research which will identify the scale of, and best approaches to address the problems, particularly the gaps that exist out of hours. It is hoped this will get under way before the end of the year.</p>	
<p>5.</p>	<p>Finance</p> <p>a. Funding arrangements Maria had requested clarification from SG, however, confirmation was still awaited about the funding to support the work of the CJP. Once funding arrangements were clear, Mhairi and Maria would be in a position to finalise the MoU, and Mhairi would be able to draft a budget for the year. (Post meeting update: just after the meeting, communication was received from the SG Community Justice Division, about the continuing allocation of £62,500 per year to support the delivery of national outcomes through the CJP.)</p> <p>b. Small Grants There had been no further progress to report on match funding for the proposed UHI Pathways project. Kevin will follow this up with Louise. All other grants had been paid (Albyn will be paid within the week).</p>	<p>4. Finance MoU MC/MW</p> <p>25. Explore funding for UHI project KF/LM-T</p>
<p>6.</p>	<p>Custody Link Worker Project</p> <p>Alan submitted a report summarising the key achievements of the project in the five year period since its inception in March 2020. The report also contained two case studies which spoke about the impact of the project. It was noted that whilst the studies were reflective of some of the in-depth work often undertaken by the team, there was also a great deal of time spent in signposting, onward referral and short-term support to individuals.</p> <p>There was brief discussion of the case studies, including around the matter of driving under the influence of drugs, which has been a growing issue for road policing linked to increased recreational drug use.</p> <p>Mhairi raised the question of referrals to Addictions Counselling Inverness in view of their funding situation. Last year there had been 12 referrals from CLink to ACI.</p> <p>Frances indicated that a newly commissioned digital drug and alcohol support service has been launched recently, operated by Withyou. This aimed to offer an equitable Tier 1/2 service across Highland, and would be subject to evaluation.</p> <p>Highland hub WithYou</p>	

	<p>Kate (who noted she is on the board of ACI) wondered if there may, in fact, be a rise in referrals to ACI on the back of the new digital service. There was further discussion of the data collected to provide stronger evidence of the Custody Link project's impact. Judy was happy to explore if there was further data analysis that the Police could provide. Margaret asked about the evidence of barriers that people face to accessing services, especially statutory services, and how the service identifies unmet need. She suggested that a case conference might offer a way forward.</p> <p>It was proposed that this is something which could be remitted to the Diversions and Interventions Delivery Group for their consideration.</p>	<p>31. Kevin will speak to Sarah about including on the D&I group agenda</p>
<p>7.</p>	<p>Senior Development Officer</p> <p>a. Restorative Justice Event (11 September)</p> <p>Gabrielle outlined the plans for the event. There are to be three national speakers from Community Justice Scotland, who would set the national scene. Then Clair Adlington, who runs a RJ project in Shetland (which is expanding into Orkney) will describe the model developed in the Northern Isles. The GEESE theatre company have prepared a tailored presentation, which promises to be very insightful and thought provoking.</p> <p>Gabrielle acknowledged the support of UHI (Louise in particular) and others in planning and staging the event. Uptake has been really good, and there will be representation from a wide spectrum of partners as well as a number of students.</p> <p>b. RJ Training</p> <p>Over the next two weeks four people from Highland would be attending the RJ training being offered by CJS, this would begin a process of upskilling individuals across Highland, with a view to being able to offer RJ options in the future.</p> <p>c. Potential models</p> <p>The RJ working group will next discuss potential models for delivering RJ in Highland. Emma Todea from VSS will join the group. Gabrielle will contact Judy about potential police participation.</p> <p>d. Other activities</p> <p>Though RJ has been a significant focus recently, there are other areas of ongoing work, including:</p> <ul style="list-style-type: none"> i. Participating in the development of lived experience engagement; ii. Continued expansion of social media (Facebook in particular); 	<p>27. SLWG to bring proposal to CJP about potential models by Dec 2025. Gabrielle will contact Judy about police rep</p>

	<ul style="list-style-type: none"> iii. Supporting employability opportunities, and exploring how these could potentially build on CPOs/unpaid work; iv. Organising the Community Justice Forum. The speaker at the last forum in August was Helen Perkins from NHH speaking about Trauma informed practice. 	
<p>8.</p>	<p>Delivery Groups</p> <ul style="list-style-type: none"> a. Diversions and Interventions <p>Sarah wasn't able to be present, however the note of the last meeting had been circulated.</p> <p>The Delivery Plan had been finalised at a meeting of the delivery group chairs, and agreed by the group. The key areas of focus during this year will be:</p> <p>Diversion from Prosecution/use of Direct Measures. There had been a helpful meeting with the VSS team, and this had brought a greater understanding of the impact of DfP (and Bail) on victims. It was clear that there was a need for all partners to be involved, particularly colleagues from COPFS. The upcoming changes brought by the implementation of the Children (Care and Justice) (Scotland) Act 2024 requires there to be ongoing dialogue with SCRA and Youth Action as well.</p> <p>Custody Processes – beginning by reviewing how partners work together in the custody setting, and the pathways for practical support (e.g. food parcels) and onward referral. The group can pick up the suggestions about data collection and evidence building.</p> <p>Bail Supervision – There was a sense that partners didn't always understand each other's part in the processes and that there was a need for greater clarity and better communication. James and Judy had already had an initial conversation, and this would be followed up. Sarah attends the national group, and will be able to feed in learning from elsewhere in Scotland.</p> <p>Women's Project – JSW are in the process of taking this development forward, and will report on progress at future meetings. Currently Justice Officers are researching models which work elsewhere, building on the initial work done by Gabrielle, and will develop proposals for what might work most effectively in Highland.</p> b. Transitions and Community <p>Kerry updated the meeting on progress with the Delivery Plan, which had been agreed, and also presented the note of the last meeting. Whilst there is value in having such a wide range of partners around the table, it has been a challenge to ensure that the group becomes more focussed on issues and priorities.</p> 	

	<p>There is growing clarity on the outcomes needing to be achieved.</p> <p>Within the prison at present, there are ongoing challenges around healthcare provision, especially for end of life care, and for those with additional care needs. A provider has been identified to delivery care within the prison. This potentially presents challenges around the continuance of care on liberation, and the process of care assessment. Continuity of treatment for individuals who have alcohol and drug issues can also be challenging, especially when handed over to GPs. However new SG guidance on GP registration has been issued which should at least help with this part of the process. This guidance removes detention as “reasonable grounds” for refusing an application, and places new duties on Health Boards to engage in the management and delivery of release plans for individuals leaving custody.</p> <p>Housing is an ongoing challenge, and though the Albyn FitHome initiative offers an innovative solution for some, there is still a need for work to be done to address the wider processes for others on liberation.</p> <p>There was also positive input from Employability partners – industry, statutory and third sector. One notable piece of work is being undertaken by Amey in developing facilities for Highway Maintenance training at the new HMP Highland site. The DWP continue to deliver quarterly employability events.</p> <p>A good example of partnership working has been discussions between the Prison and JSW about the possible adaptation of the <i>MyCompass</i> tool for use in community settings. A meeting is planned to progress this.</p> <p>Voluntary Throughcare – Immediately following the last T&C group meeting there was an opportunity for partners to meet up with the team from Upside. Over 30 were present and it offered really positive networking opportunities.</p> <p>Unfortunately, the wider invitation had gone out late, which meant there were other partners who were unable to attend. It was agreed that it would be useful for the Strategic group to be updated on the work of Upside. (See action 23 above.)</p>	
<p>9.</p>	<p>Strategy Group Actions</p> <p>The final delivery plan for 2025-26 was agreed by the CJP chair and Delivery Group chairs in August. Now that the planning cycle is established, from this year forward, priorities for the coming year will be identified at the December group meetings (after publication of the local Indicator Report by CJS in November), with delivery plans being prepared for agreement at the March meetings. Maria indicated that Elena Alvarez who is currently covering the QA, Research & Information</p>	<p>32. Kevin and Elena Alvarez</p>

	<p>Kevin had circulated information about Lunchtime learning sessions organised by the network of CJP leads. Partners are free to sign up directly for these.</p> <p>The Care Inspectorate has intimated that Phase 2 of the review of Prison-base SW was underway (running from August 2025-April 2026). Maria was aware of this and would ensure that the Highland context was highlighted, especially in relation to processes for care needs assessment.</p>	
<p>12.</p>	<p>AOB</p> <p>Frances reported that the data for drug related deaths had been published earlier this month, indicating that 21 people in Highland had died. This compared to 26 in 2023 and 42 in 2022. Whilst the improvement in the figure is welcome, there was still acknowledgement of the loss to families and communities that such deaths bring. The figures for alcohol related deaths await publication.</p> <p>Kate highlighted work being done to address youth behaviour in Inverness town centre. Engagement work with young people indicated the need for safe spaces and low cost activities for young people and better awareness and training for retail staff and others.</p> <p>Miles updated the meeting on the next delivery of the Stay on Side Fireskills training. This will take place in Fort William, but delivery had been delayed following a recent fatal road traffic accident. Further delivery in Inverness is planned.</p> <p>Kerry reported on an art exhibition which had taken place in Dornoch Cathedral in July displaying art created in prison.</p> <p>There was no further business, and James thanked everyone for their contributions.</p>	
<p>Future Meetings</p> <p>CJP Strategic Group Next Meeting Wednesday 10 December 2025, 1000 – 1200 (Police HQ)</p> <p>Provisional dates for 2026 11 March; 10 June; 09 September; 09 December</p> <p>It was agreed that we seek to vary venues, and that some of the meetings should be hybrid.</p>		

Meeting Actions

	Description	Responsible	Completion
4.	Finance MoU between JSW and HTSI to be developed	Maria Cano/ Mhairi Wylie	
14.	HADASS agenda item for future meeting	Kevin Flett	
23.	Invite TPS Throughcare manager to future meeting <i>(Event held September 2025, but still to invite Upside manger to HCJP meeting)</i>	Kevin Flett	Event 02/09/2025
25.	Further exploration with UHI, and report back to CJP	Kevin Flett / Louise Martin-Theyers	
27.	RJ working group to bring proposal to CJP about potential delivery models by Dec 2025	Gabrielle Buist	December 2025
29.	Meeting of communications leads from partners to be convened, reporting back to CJP Sept 2025	Kevin Flett	Invitation sent 08/07/2025 recirculate
31.	D&I group to consider data analysis and case reviews to evidence the impact of activities in custody settings	D&I group, Sarah Malhan / Kevin Flett	December 2025
32.	JSW/HCJP to discuss information needs	Kevin Flett / Elena Alvarez (JSW)	October 2025

Highland Alcohol and Drugs Partnership – Strategy Group Meeting

**Tuesday 18th November 2025; 2pm - 4:30pm
Assynt House, Inverness and via Microsoft Teams**

Present:	Carron McDiarmid – Independent Chair
	Alan Grant - Custody Link Project Manager, Highland Third Sector Interface
	Caroline Robertson – Managing Coordinator, CrossReach
	Cathy Steer – Head of Health Improvement, NHS Highland
	Donna Munro – Lead Officer, Child Protection Committee, Highland Council
	Dr Andrea Broad - Consultant Gastroenterologist, NHS Highland
	Dr Rob Henderson - Consultant in Public Health Medicine, NHS Highland
	Eve MacLeod – Coordinator, Highland Alcohol & Drugs Partnership
	Fiona Shearer - Head of Education, Highland Council
	Frances Matthewson – Research & Intelligence Specialist, Highland Alcohol & Drugs Partnership
	Hannah Sinclair - Peer Research Development Officer, Scottish Drugs Forum
	Jennifer Baughan, Programme Manager for the Whole Family Wellbeing Programme, Highland Council
	Mags MacDonald - Lived/Living Experience Rep, Scottish Drugs Forum
	Margaret Ross – Assistant Housing Manager, Highland Council
	Nancy Macaskill - Lived/Living Experience Rep, Scottish Drugs Forum
	Scott Watson - Governor, HMP Inverness, Scottish Prison Service
	Teresa Green - Head of Service, NHS Highland
	Tracey McFall - Scottish Recovery Consortium
	Tracey Porter – Management Accountant, NHS Highland
Apologies:	Barry Muirhead - Interim Head of Mental Health, Learning Disability and Drug & Alcohol Recovery Service, NHS Highland
	Bev Fraser - Strategic Lead, NHS Highland, Drug & Alcohol Recovery Service
	Catherine Russell – Training and Development Manager, Highland Violence Against Women Partnership
	Cllr. Kate MacLean - Elected Member, Highland Council
	Debbie Sutherland – Third Sector Rep, Change Mental Health
	Dr Alex Keith – Consultant Psychiatrist, NHS Highland
	Fiona Simpson - Acting Team Manager, Justice Service
	Frances Gordon - Interim Head of Finance, NHS Highland
	Iain Templeton - Third Sector Rep, Highland Third Sector Interface
	James Dunbar - Director, New Start Highland and HADP Vice Chair
	Maria Cano - Acting Principal Officer, Criminal Justice Service
	Mhairi Wylie - Chief Officer, Highland Third Sector Interface
	Superintendent Judy Hill - Police Scotland
Minutes:	Steph Tyrer

1. Welcome

- The Chair welcomed everyone to the meeting and introductions were made.
- Debbie Sutherland was welcomed as the Third Sector Interface representative. Debbie is Head of Services at Change Mental Health and was voted at the recent HTSI Assembly to join Iain Templeton as a Third Sector representative.

- Fiona Shearer was also welcomed as the new Education representative for the HADP. Fiona is the Strategic Lead for GIRFEC and Education, with responsibility for partnership development.

2. Declarations of Interest

- 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.
- No other declarations of interest were raised.

3. Minutes of Previous Meeting and Actions

3.1 The minutes from the meeting held on 19th August 2025

- The minutes from the meeting held on 19th August 2025 were agreed with the following actions agreed to close: 17, 56, 70, 73, 75, 82, 84, 86, 87, 89, 90, 95, 96, 97, 98, 99, 101, 102, 103, 104.

3.2 Action Tracker for the Strategy Group

- The action tracker was reviewed and updated.

3.3 Positive developments to highlight since 19th August 2025

The Draft HADP Strategic Plan

- This was approved by the Highland Community Planning Partnership on 19 September, in line with governance requirements.
 - Outstanding actions include:
 - Completion of EQIA, including Children’s Impact Assessment.
 - Updating the infographic with alcohol-specific death figures for 2024.
 - Completion of an Environmental Impact Assessment, with support offered by NatureScot.

Recovery Walk Scotland

- A prison recovery walk took place at HMP Inverness on Friday 26th September.
- 40 people from Highland travelled to Stirling on Saturday 27th September to take part in the Recovery Walk Scotland. The event remained positive, despite the rain, and was a joyous day of support and recovery.
- The weekend finished with a buffet lunch at Beechwood House, where certificates were presented to all attendees.

With You Anywhere Highland

- The new digital support service for Highland has launched and is now accepting referrals.

Voice and Choice

- Partners in Advocacy and HADP were successful in achieving match funding for independent advocacy for children affected by alcohol and drug harm (their own or that of a significant other).

Meeting with Emma Roddick MSP

- The Chair and EM had a positive meeting with Emma Roddick MSP recently. She expressed an interest in the work of the HADP and offered her support where needed.

Research Paper Publication

- A research paper, written by Bev Fraser and colleagues, is to be published in the British Medical Journal (BMJ). *Reducing Drug Related Harm by Triggering Proactive Outreach* will be shared when available.

Action	Lead	Timescale
<ul style="list-style-type: none"> • Share the research paper written by BF and colleagues once it has been published. 	HADP Support Team	Next Strategy Group

4. Finance

4.1 Update from Finance

- Two Scottish Government Letters were circulated for review.

Finance Report 2025/2026

- TP presented figures which indicate an increase in funding for HADP in 2025/26 compared to previous years. We understood this has arisen from considering the grant to HADP, plus the core funding to NHH for the ADP, as each year this amount seems to increase.
- The report showed £249,722 available to allocate before year end. EM will consult partners on proposals before the end of the year to ensure full utilisation of the funds.
- The DARS team have a plan in place to utilise any MAT Standards underspend by the end of the financial year.
- EM and TP are meeting weekly to monitor the financial position.
- Approximately 80% of the drawdown will occur now or next month.
- The expectation of Scottish Government remains that everyone will access treatment within six weeks.
- Appendix 4 of the letter from Scottish Government confirms the ADP allocation to be £1,499,000.
- The Chair pointed out that in the funding letter, Highland shows zero against the 'Other' Agenda for Change uplift column, whereas most other health board areas have a figure here - TP will check this.
- Consideration is needed for any one-off spends or areas for reprofiling.
- Any underspend in MAT Standards funding will be reallocated to the third sector.

Letter of Comfort

- Funding for 2026/27 is due to be confirmed by Scottish Government in January 2026.
- There are no planned budget changes at this stage, however, the outcome of the May Scottish Parliament election could result in in-year changes.
- It was noted that projected funding for next year exceeds the current budget, meaning reprofiling is required.
- The HADP Development Manager post remains vacant, which is causing operational challenges, and reduced capacity to monitor finances.

Action	Lead	Timescale
• EM will consult partners on funding proposals before the end of the year to ensure full utilisation of the funds.	EM	By End December
• TP will check the ADP Funding Letter from Scottish Government regarding the zero entry beside Highland for 'Other' Agenda for Change Uplift.	TP	Next Strategy Group

4.2 Commissioning and Contracts

Prioritisation Matrix

- The Chair noted that the framework is useful for guiding investment decisions.
- CS suggested that the matrix should reflect recent Scottish Government policies, including the Population Health Framework and public sector reform priorities.
- A criterion could be added to assess whether proposals are upstream-focused, prioritising prevention and reducing future demand for intensive support, which is often more costly and associated with poorer outcomes.
- It was agreed that the matrix will be developed as a guidance tool, not a sole decision-making mechanism, to support partnership choices.

Corra Match Funding

- Beechwood submitted an application for Family Counselling, which would be available to any family members affected by alcohol or drug use across Highland (not limited to families of Beechwood residents).
- The request was for £50,000 per year, for three years, to match Corra funding.
- Due to overcommitment in next year's budget, it was decided that HADP is not in a position to fund this at present.
- Some discussion took place to explore other services that families could access for counselling, which included ACI Recovery Services and potential alignment with the Whole Family Wellbeing Programme. JB agreed to an approach from Beechwood. Support from the WFWP may be possible if the proposal was Highland-wide and if locality funding was available.

Independent Advocacy Tender

- The Independent Advocacy Tender is progressing through NHS Highland contracts team and is currently in the 10-day standstill period.
- The outcome will be announced following completion of this period.

Innovation and Development Proposals / Investment Plan

- An Impact-Effort Matrix was used to assess proposals from the Innovation and Development Subgroup and the decisions that came out of that were:
 1. To look at delivering a peer naloxone programme
 - EM stated that we are unable to commit to this at this time due to the current financial situation. However, this is included in the new HADP Strategy and therefore is something that could be revisited in the future.
 2. To continue to try to develop the harm reduction vending machines
 - One organisation has confirmed they will host a vending machine; another has been approached - a response is awaited.
 - The cost of the machines is relatively low; the kits are significantly more expensive.
 - There is uncertainty around usage rates and how quickly the kits will be used up.
 - EM suggested that the initial trial of one machine could be funded from the HADP main budget, rather than the government allocation, or that partnership funding opportunities could be explored.
 3. To develop a Community of Practice
 - This would be similar to the lived and living experience panel but for voluntary or small third sector organisations that support people with drug and alcohol problems.
 - SDF submitted a comprehensive proposal which included three funding options:
 1. £14,000 – Basic model.
 2. £22,000 – Mid-level support.
 3. £40,000 – Enhanced model with individual supervision and events.
 - EM suggested that there may be the opportunity to utilise underspend from the HADP Community Fund towards the Community of Practice proposal.
- The Chair noted that all proposals will need to undergo an evaluation process before funding is agreed.

Scottish Drugs Forum (SDF) - National Traineeship Programme

- HADP has funded 3 SDF placements on their National Traineeship Programme over the last few years, and this is considered a valuable investment.

Beechwood – Counselling Service

- This is a lower cost service for residents of Beechwood House and has previously been funded by the HADP.
- The Chair suggested that short-term commitments could be prioritised this year to reduce pressure on next year’s budget.

HADP Posts

- Development Manager:
 - This has been advertised as a 12-month fixed term post; interviews are scheduled for next week; it is hoped the successful candidate will start in January.
 - The post is advertised as fixed term due to a request from the Director of Public Health to carry out a review of the skill mix and structure of the HADP support team.
 - The funding for this post was from NHS Highland core budget therefore any underspend will be retained there.
- Business Manager:
 - This post was not approved by NNSH; it may be reconsidered once the review of the HADP support team has taken place.
 - The funding set aside for this post in 2025/26 can be reallocated and included in the proposals which partners will be consulted on before the end of the year.

Contracts Ending March 2026

- Many contracts are due to end on 31st March 2026. Given the vacant post, and time to recruit, the Chair proposed that contracts are extended for a further 6 months whilst all projects go through an evaluation process, applying the Prioritisation Matrix.
- EM suggested that a review of all programmes of work, including NHS funded posts, should take place to ensure the funding is being allocated in the most appropriate way.

Action	Lead	Timescale
• EM to make edits to the Prioritisation Matrix following discussions.	EM	By end December
• ACI Recovery Services recently received two lots of funding from the Children and Young People’s Mental Health and Wellbeing Fund. JB will check whether this included family counselling.	JB	Next Strategy Group
• To assess the feasibility of supporting any further funding requests within this financial year, EM will review all costs and identify options for re-profiling into next year. A summary of what could be funded now, without impacting next year’s commitments, will be circulated to Strategy Group members.	EM	Before Christmas
• EM to update Beechwood House on the decision not to provide match funding for their family counselling service and explore other services that families can access, and	EM	Next Strategy Group

for contact to be made with JB from the WFWP.		
<ul style="list-style-type: none"> EM to contact the Bloodborne Virus Managed Clinical Network (BBV MCN) to discuss potentially sharing the cost of the initial vending machine. 	EM	Next Strategy Group
<ul style="list-style-type: none"> EM to liaise with the Third Sector, Highland Council and the Police regarding the agreement of a 6 month funding extension. 	EM	Next Strategy Group
<ul style="list-style-type: none"> Review all programmes of work, including NHS funded posts, by applying the Prioritisation Matrix to ensure funding allocation remains appropriate. 	HADP	Next MAT Strategy Group
5. HADP Strategic Plan 2025/2026 - 2029/2030		
5.1 HADP Strategic Plan 2025/2026 - 2029/2030		
<ul style="list-style-type: none"> The most recent version of the HADP Strategic Plan is available on the Members page of the HADP website. It is hoped the Strategic Plan will be finalised and ready to circulate within the next few weeks. Some updates have been made to the Strategic Plan and include: <ul style="list-style-type: none"> ➤ Improved infographics ➤ The most up to date alcohol-related data for 2024 ➤ Health Inequalities Impact Assessment (including a Child Rights Assessment) ➤ Environmental Assessment ➤ Outcome measures have been grouped into those that are currently used and those that need to be developed. 		
5.2 Outcome Measures		
<ul style="list-style-type: none"> FM has been developing monitoring indicators to ensure the focus laid out in the new HADP Strategy is on appropriate measures and helps to identify any gaps. As well as outcome measures, input, output, and process measures should also be considered to ensure the impact and progress of initiatives are monitored effectively. FM proposes that a small working group will be formed to decide which measures to include and agree on selection criteria. Data collection and measurement should be proportionate to objectives and meet SMART criteria. FM hopes to bring a scoping document to the February Strategy Group for discussion and approval. 		
Action	Lead	Timescale
<ul style="list-style-type: none"> Bring a scoping document for monitoring indicators to the next Strategy Group meeting for discussion and approval. 	FM	Next Strategy Group
5.3 Feedback from Subgroups – verbal update		
5.3i. Innovation and Development Subgroup		
<ul style="list-style-type: none"> Already discussed under item 4.2. The impact-effort matrix undertaken by the subgroup considered the development of assertive outreach. It was decided to look at the services that are currently available in Inverness and surrounding areas, and Caithness, before looking at how the reach of this provision could be expanded geographically and whether it was possible to include alcohol. Work on this will start in the new financial year. 		
5.3ii Prevention Subgroup		
<ul style="list-style-type: none"> The subgroup will undertake an exercise to map what services are currently available across Highland against the requirements set out in the Prevention Consensus Statement issued by Public Health Scotland. 		

5.3 iii Lived Experience Panel and Engagement Group

- The group continue to meet monthly with facilitation from HS and SMcG.
- MM gave some feedback from the group this quarter which included:
 - The group feel that detox, mental health support and aftercare are not joined up. The one detox bed available in New Craigs means individuals are housed with people with mental health conditions and staff that are not necessarily experienced. It is felt that this bed would be better situated in Nevis House or Beechwood House. The group feel that the third sector carry too much responsibility and funding for detox and that lack of options, and a long waiting list, means people can't access the services they need and therefore stay longer in addiction.
 - The group were introduced to the new digital service for drug and alcohol support – With You Anywhere Highland - and are pleased the service is available in the evenings and weekends as this is something that was not previously available.
 - Information on the HADP website has been reviewed and updated by the group.
 - The HOPE app should be better promoted to encourage needle exchange.
 - The group is well attended and continues to grow.
- NM gave some feedback from the group which included that they would like to see:
 - A Highland-wide review of signage and harm reduction visibility.
 - Clear and consistent sharps bin guidance.
 - An accessible and plain English version of the HADP Strategy.

The panel priorities for 2026 are:

- A joined up Highland-wide treatment pathway from crisis to recovery.
 - A meaningful, protected lived experience role within HADP decision making.
 - Full transparency around budgets, underspend and commissioning.
 - Equal access across every part of the Highlands including remote areas.
 - Consistent, compassionate, trauma informed practice across all services.
 - A strong prevention approach involving lived experience voices.
 - Clear, accessible information and harm reduction resources.
 - Ongoing investment and strengthening in expanding the panel.
- The panel has been consistent across the full year. People in the Highlands want services that are compassionate, timely and joined up. They want honest communication, reliable information and support that doesn't depend on geography. They want systems that recognise the reality of addiction and recovery and genuinely listen to lived and living experience. The panel hopes for a stronger relationship between the lived experience panel and the HADP.

Action	Lead	Timescale
• HS will send a copy of the points raised by the Lived Experience Panel in their Year in Review to EM. HADP will provide a written response to these showing current status and potential next steps.	HS/EM	Next Strategy Group
• AB will send BBV information to be included on the HADP website.	AB	End November
• FM to gather some data around detox requirements and provision across Highland.	FM	Next Strategy Group

5.4 Residential Rehabilitation Action Plan

- There is requirement from Scottish Government for all ADP's to have a residential rehabilitation action plan.

<ul style="list-style-type: none"> HADP have written a draft action plan which Healthcare Improvement Scotland have reviewed and provided feedback on. EM will update the action plan and share with the group so that it can be reviewed before approval at the next Strategy Group meeting. 		
Action	Lead	Timescale
<ul style="list-style-type: none"> EM will share the residential rehabilitation action plan. 	EM	Next Strategy Group
6. Performance Reporting & Scrutiny		
6.1 Outcomes/Performance Dashboard – circulated		
<ul style="list-style-type: none"> <u>FM presented the new Power BI HADP dashboard</u> <i>(Please note: this is restricted access at the moment and is not to be shared. Please contact FM directly if you would like to check who it can be shared with)</i> <u>DM gave an update on Belladrum 2025</u> <i>(Please note: This information is not yet in the public domain and is not to be shared at this time)</i> 		
Action	Lead	Timescale
<ul style="list-style-type: none"> TG to clarify the green status of MAT standards. 	TG	Next Strategy Group
<ul style="list-style-type: none"> Circulate the link to the new dashboard to the group. 	ST	Next Strategy Group
<ul style="list-style-type: none"> Add Belladrum to the agenda for the May meeting. 	EM	May Strategy Group
6.2 Drug Death Reviews		
<ul style="list-style-type: none"> FM provided an update on Drug Death Reviews for Highland: <ul style="list-style-type: none"> ➤ 18 suspected drug related deaths have been reviewed this year to date – 13 from 2024 and 5 from 2025 ➤ 7 were female and 11 were male All noted the national guidance on changing the process for reviews was not yet concluded. 		
6.3 Risk Assessment and Mitigation – circulated		
<ul style="list-style-type: none"> The Chair, FM and EM have reviewed the 11 risks of the partnership. Two risks had their scores reduced. One was due to the approval of the new HADP Strategy, and the other was as a result of the data development workshop, which identified new data areas for development. Two risks had their scores increased. One was due to the vacant HADP Development Manager post giving the team less capacity to best understand the finances, and the other was regarding the increase in DARS waiting times. This resulted in 11 risks with 3 red risks, 5 amber risks and 3 yellow risks. The red risks all have mitigations in place and therefore those scores should start coming down. The Chair suggested that the whole risk register should be reviewed early next year to check the risk definitions are current and appropriate. 		
Action	Lead	Timescale
<ul style="list-style-type: none"> Review the HADP Risk Register to ensure the risk definitions are current and appropriate. 	HADP support team	Spring 2026
6.4 Reviewing Progress with Partnership Funded Services		
<ul style="list-style-type: none"> Exception reporting – circulated 		
<i>EM provided an overview of the progress reports received for quarter 2</i>		
<u>Updates on those marked amber</u>		
<ul style="list-style-type: none"> CAMHS – This post was vacant for some time, and not all risks are theirs to manage. EM will meet with the key contact. 		

- DTTO2 – EM met with key contacts recently, and they have a plan in place to discuss the issue of referrals with the sheriff.
- Clinical Psychologist - No substantive update has been provided. Additional detail was requested but not received. The HADP support team will look at the feedback process and identify any areas for improvement. EM will meet with the key contact to discuss.
- Beechwood – This has been marked amber due to the waiting list. It was noted that Beechwood has had an inspection from the Care Commission which identified good practice and areas for improvement. These improvements must be completed by January therefore this will take priority.
- Highland Advocacy Partnership – This was only marked amber due to the timing of the tender; however the practice and approach is of quality and there are no issues with the delivery of the service.
- Local Improvement Fund – This was self-classified as amber but appears to be progressing well. EM will meet with the key contact to further understand this.
- Housing First – Marked amber due to a staffing issue which has now been partly resolved.

Updates on those marked green

- SDF highlighted two awards that were won at the 2025 HTSI awards:
 - One of their peer researchers won ‘Volunteer of the Year’ award.
 - SDF were awarded the ‘Reducing Vulnerability’ award in recognition of the support they provide to people through their National Traineeship programme.
- Action for Children reported ongoing success with their ‘Parents Under Pressure’ programme which provides support to families.
- Action for Children have reported positive interactions with families as part of their ‘The Promise Partnership’.
- The Whole Family Wellbeing Programme are looking at developing more locality forums by linking in with CPP’s to understand what support might look like in their areas.

6.5 Community Planning Partnership Board – Chair’s Update

From the Chair’s update report, it was noted that:

- The CPPB approved the new HADP Strategic Plan. A few adjustments will be made, and the document will be recirculated.
- The CPPB welcomed the HADP Annual Report, particularly the infographics.
- The Population Health Framework was presented by the Director of Public Health which included a report on draft indicators for health inequalities. The indicators pertinent to the HADP are alcohol specific deaths, hospital admissions and drug related deaths. Feedback on the indicators has been provided by the Chair suggesting the inclusion of some preventative measures.
- The Chair has offered support to the Poverty and Equality Commission in gathering information around alcohol and drug use, poverty and deprivation.

Action	Lead	Timescale
<ul style="list-style-type: none"> • Give any feedback on the draft indicators for reporting on population health inequalities to the Chair so they can be included in her feedback to the Director of Public Health. 	All	2 nd December 2025

6.6 Public Protection Chief Officers Group – Chair’s Update

- The group last met on the 30th of July and is meeting again tomorrow, 19th November.
- EM provided data for the annual report which went to the CPPB.
- The HADP Risk Register is now integrated with the public protection risk register.
- An idea was raised at the Self-Assessment Workshop to look at some of the anonymised cases from Custody Links to look at where partners could have

intervened earlier, or differently, to avoid that person being in a custody setting. The Chair will ask the HPPOG tomorrow if they would be interested in this then the HADP could convene a group of related people who could undertake this piece of work.

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

• Coordinators Update

- The ICSPB hosted a joint strategic needs assessment workshop in September where EM highlighted the children and young people data from our health needs assessment.
- The pictures that the young people designed for us at the Brighter Beginnings event were used to design stickers for the Recovery Walk.

6.8 Scottish Government Reporting/Updates

- Scottish Government shared communication about the next phase of early release of people in prison. DARS are linked into this and the small numbers are having minimal impact on the team at present.
- The Population Health Framework is a Scottish Government strategy focused on health inequalities and based on five key drivers. The drivers most pertinent to our work are the 'Prevention Focused System' and 'Enabling Healthy Living', which explicitly includes alcohol and drug related harms.
- The Population Health Framework also highlights preconception and pregnancy, and highlights drugs but not alcohol.
- Public Health Scotland's Consensus approach on prevention of substance use harm among children and young people is structured around five key themes. The input of HADP will be mapped against these themes before deciding next steps.

7. Partnership Improvement and Learning

7.1 Together We Can Report Recommendations

- Tracey McFall, CEO of Scottish Recovery Consortium, gave a presentation of the Highland ADP 'Together We Can' Project Report.
- Four events took place across Highland with the following key themes emerging:
 - Relationships
 - Early intervention and prevention
 - Access to services/support
 - Communication and messaging
 - Partnership working
 - Workforce development and education
 - LLE/Peer support and recovery
 - Funding gaps
 - Stigma
 - Women
- Next steps include:
 - Service mapping and directory creation
 - Community hub and outreach
 - Workforce development training and education
 - Peer support and LLE integration
 - Women specific services
 - Communication and awareness
 - Strategic planning and governance
- It was noted that an online session was planned for December and this would provide an update on the progress with actions.

Action	Lead	Timescale
<ul style="list-style-type: none"> • An online session is planned for December to provide an update on the progress with actions from the Together We Can events. 	EM	By End December

7.2 Self-Assessment with support from Improvement Service/Induction Pack

- There were 17 responses to the self-assessment survey. The Local Authority Improvement Service facilitated a workshop on the 3rd of November to look at the results of the survey.
- From the previous assessment in 2022, significant improvements were seen in all of the five areas that we self-assess on based on the government's framework. An additional sixth area was requested by EM to be included, around involving people with lived and living experience.
- Improvement actions were prioritised at the workshop and the two areas which had the highest priority were how to measure and report on the impact from the HADP funded services and how do we make sure we've got the right approach to involving people with lived and living experience, making the most of their knowledge, input and interest to support the partnership.
- The Improvement Service will compile a written report. This will be an item for the next Strategy Group meeting.

Induction Pack

- EM has compiled an induction pack for new members of the HADP Strategy Group. FS will review and feedback on this.
- EM will amend the part of the induction pack that says that HADP report on MAT Standards as it is the NHS Highland Board that does this.

Action	Lead	Timescale
<ul style="list-style-type: none"> • The Improvement Service will provide a written report from the self-assessment. This will be an item for the next Strategy Group meeting. 	EM	Next Strategy Group
<ul style="list-style-type: none"> • FS to review and provide feedback on the new induction pack. 	FS	Next Strategy Group
<ul style="list-style-type: none"> • EM will amend the part of the induction pack that says that HADP report on MAT Standards as it is the NHS Highland Board that has this accountability. 	EM	Next Strategy Group

7.3 ADP Chairs Leaders' Forum

- No meeting has taken place since the last Strategy Group meeting.

7.4 Summary Feedback from the National Public Protection Leadership Group (NPPLG)

- The six workstreams are all progressing. The Chair and FM were involved in a workshop looking at a data workstream.
- Three areas in Scotland are further advanced in integrating public protection across all different strands:
 - Dumfries and Galloway – looking at performance and have a combined dashboard for all areas that are a public protection concern.
 - Dundee – looking at having one integrated approach to governance.
 - Aberdeen City – looking at having an integrated approach to risk factors and protective factors.

Action	Lead	Timescale
<ul style="list-style-type: none"> • Share the NPPLG newsletter when it is available. 	The Chair/ST	Next Strategy Group

8. New and Emerging Risks

8.1 Partnership members are asked to identify any new risks or opportunities for the partnership to address

- Please email the Chair, EM or ST with any new risks or opportunities before the next meeting.

10. Date and time of next meeting:

**Tuesday 10th February 2026;
2pm - 4:30pm**