

	Integrated Joint Board 17 June 2021	
Subject:	Update from the North Ayrshire Alcohol and Drug Partnership	
Purpose:	To provide an overview of the activities, actions and funding of the ADP, and to update the IJB on the actions taken by the North Ayrshire Drug Death Prevention Group (DDPG) and partner agencies in preventing drug related deaths in North Ayrshire.	
Recommendation:	IJB are asked to :- (i) Note the actions taken place since the last IJB update in November in relation to funding for rehabilitation; (ii) note the work of NADARS in implementing the MAT (Medically Assisted Treatment) standards, and (iii) note the partnership working that has taken place to improve outcomes for those affect by alcohol and drugs.	

Glossary of Terms	
NHS AA	NHS Ayrshire and Arran
HSCP	Health and Social Care Partnership
NADARS	North Ayrshire Drug and Alcohol Recovery Service
N/A DDPG	North Ayrshire Drug Death Prevention Group
ADP	Alcohol and Drug Partnership
DDTF	Drug Death Task Force
PB	Participatory Budget
PEAR	Prevention Education Recovery Service
MAT Standards	Medically Assisted Treatment Standards
DAISY	Drug Alcohol Information System
NAADP	North Ayrshire Alcohol Drug Partnership
SPOC	Single point of Contact
DPIA	Data Protection Impact Assessment

1.	EXECUTIVE SUMMARY
1.1	This report provides an update since the IJB meeting in November 2020, and highlights the progress on the priorities set out by the Drug Death Task Force, local and Pan Ayrshire drug death groups, and the work that is ongoing in relation to the MAT standards.
1.2	The joint work of the ADP is outlined in relation proposed initiatives, and joint funding. The report provides details of work in relation to COVID and monitoring the impact on individuals and services
1.3	The funds allocated by the Drug Death Task Force and Scottish Government to prevent drug deaths is highlighted within the report.

The National Drug Death Task Force leads on the actions and funding for Scottish Government for over a year now. The ADP received additional funding of £84k last year to implement the Drug Death Task Force priorities and more recently, in March 2021 the ADP received an additional £96k in relation to rehabilitation. This funding has strict criteria and therefore is not available to be invested in other priority areas.	
Following a recent bidding process for grassroots fund and local improvement fund for prevention of alcohol and drugs problems, the Drug Treatment and Testing Order service secured funding for 2 recovery development workers. A further tranche of bids for a further £2million will be accepted in June/July.	
There if further funding anticipated for Residential Rehab and the ADP await further information on this.	
The National Drug Deaths Report was published in December 2020 which confirmed an anticipated increase in drug deaths. Scotland has a high level of drug-related deaths. In 2019 1,264 drug-related deaths were registered in Scotland, 6% (77) more than in 2018 and for North Ayrshire there were an increase of 3 from the previous year.	
This data has led to an increase in the provision of naloxone as a priority, through a multi partnership approach and has been positively promoted within the community.	
Based on the evidence that Medication Assisted Treatment (MAT) is protective against the risk of death, the Scottish Drug Deaths Taskforce and the Scottish Government has prioritised the implementation of MAT standards for people experiencing problems with their drug use	
There is currently an underspend within the ADP budget and proposals will be developed for priorities and further developments to reduce the impact, and deaths relating to alcohol and drugs .	
PROGRESS	
Priorities for NA ADP in Relation to Prevention of Drug Deaths	
Non-Fatal Overdose	
The Non-Fatal Overdose Drug Liaison post commenced on the 11 th January in Crosshouse Hospital. This post provides timely intervention to those who have experienced a non-fatal overdose. The post also has robust links with the community and referral pathways in place for next day follow up with individuals. The service incorporates a community response and pro-active follow up in the community by a Recovery Development worker in NADARS.	
The ADP has been working with Scottish Ambulance Service to create pathways for those who overdose but refuse to go to hospital. Work is ongoing in relation to DPIA to enable information sharing in terms of their Naloxone provision which is being rolled out.	

3.3	Medication Assisted Treatment Standards
	The Drug Death Prevention Group (DDPG) has discussed the implications of the MAT (Medically Assisted Treatment) standards and are working towards full implementation. The Drug Policy Minister has announced the standards will be implemented and that funding will be made available.
	NA ADP have requested funding of £221,303 for the implementation of the standards. To date there has been no formal confirmation of the funds available to the ADP, but work has already commenced in relation to the 10 standards outlined below :-
	 All people accessing services have the option to start MAT from the same day of presentation. NADARS has commenced a pilot within the Three Towns area to assess need and provision. The findings of this will be taken forward to inform wider roll out of the initiative.
	 2. All people are supported to make an informed choice on what medication to use for MAT, and the appropriate dose. The service has introduced a range of treatment options which will be available to service users. Service user leaflets are being prepared to ensure they have an informed choice. Those currently on Methadone can also make an informed choice to change other treatment options.
	 3. All people at high risk of drug-related harm are proactively identified and offered support to commence, re-commence or continue MAT. Throughout the pandemic, the service has continued to see those at high risk, those on release from prison, people with mental health issues, non-fatal overdose and homeless as a priority group. In order to implement the MAT standards a full assessment and risk assessment requires to be carried out in a shorter time period but also in line with safe prescribing guidelines. The service is working hard to ensure a seamless service at first contact.
	 4. All people are offered evidence-based harm reduction at the point of MAT delivery. The harm reduction model is core to addiction services work and the recommended tools and support will be embedded into the MAT treatment and throughout the individual's journey.
	 5. All people will receive support to remain in treatment for as long as requested. Regardless of whether the individual is in MAT treatment or not they can be supported in a number of ways throughout their recovery journey, not only in treatment services but wider support options should they cease treatment.
	 6. The system that provides MAT is psychologically and trauma informed (Tier 1); routinely delivers evidence based low intensity psychosocial interventions (Tier 2); and supports the development of social networks. Work is ongoing with colleagues in psychology to provide tiered approach to trauma and the roll out of programmes such as "Survive and Thrive" and third sector colleague's will also be offered training.
	 7. All people have the option of MAT shared with Primary Care. This area of work requires consultation with GP's as historically there is no treatment provision in North Ayrshire by GP's. This has been accepted as a mutual position over the years.
	 8. All people have access to advocacy and support for housing, welfare and income needs. We will co-ordinate awareness sessions in conjunction with AIMS Advocacy. The ADP has secured partnership funding for an advocacy worker within the

	Better Off Partnership with CHAPS hosting the post. This post will provide outreach to key services and initiatives but will also link to the Better off Partnership in terms of housing, welfare and income. The ADP are currently in discussion with both partners to finalise the post. The ADP will also arrange bespoke training to the Better off Partnership staff in relation to alcohol and drugs impact.
	 All people with co-occurring drug use and mental health difficulties can receive mental health care at the point of MAT delivery.
	 The service are currently redesigning their services to accommodate all aspects of the MAT standards at point of contact. This will include robust mental health assessments, risk of harm liaison with current services and prescribing in relation to mental health and provision of a wide range of interventions from the service.
	 10. All people receive trauma informed care. As outlined in Standard 6 the core services and wider will receive training to ensure the workforce applies a consistent approach and refers through the appropriate pathways.
3.4	NADARS are currently involved in a National Survey regarding the standards and have worked with the Scottish Drugs Forum to identify individuals to participate.
	NADARS also completed a survey in relation to the impact of COVID and received positive feedback. The service is also engaged in a further survey in relation to Methadone dispensing changes during lockdown and interest in changing to Budival (long acting injection that can be given weekly or monthly which blocks opiates)
3.5	NA ADP has commissioned the PEAR service to provide outreach to provide Naloxone and make contact with individuals who are not currently in contact with services. Individuals with lived experience have been recruited as volunteers to provide this work in North Ayrshire. The volunteers will have the choice to move on to paid employment through a sessional budget to enable them to build their experience.
3.6	Data sharing issues with Police Scotland in relation to drug deaths in Ayrshire and Arran have been resolved and a new process with Police Scotland has been agreed to share initial information surrounding a suspected DRD.
3.7	Wider Partnership Working
	The joint bid with North Ayrshire Children and Families Team, Barnardo's and ADP for 3 year match funding with Corra was successful. The Children and Families Team will benefit from an early intervention service for those with alcohol and drug problems. A pilot recovery development worker from NADARS, with lived experience, will join the Access/MASSH team look initial point of contact with families who are experiencing alcohol and drug issues which impact on their children and wider families. Positive feedback has been received and this will be enhanced by 2 posts when the Corra funding is finalised.

	The Youth Executive Team are producing a range of videos on the impact of alcohol and drugs on young people which was funded from a successful Participatory Budget submission. Following on from this, the team were commissioned to develop a survey on Stigma, this has been produced for the sub-group of the NAADP Community Recovery Forum and will be disseminated widely and an action plan formed from the results.
	The ADP supported Arran Community and Voluntary Service with a funding application to carry out a study on Arran on the impact of alcohol and drugs in an island community. Capacity on the island has been expanded through the use of participatory budget funds, Arran Youth, PEAR service to expand wider community involvement, and an NAADP funded 2 year post to facilitate pathways from detoxification at Lamlash hospital. The post will also enhance further joint working on the culture issues identified on the island and co-ordinate communications and initiatives with other services.
	NADARS and PEAR service have implemented a new data system for the collation of service reports. The DAISY system will enable services to input service user data and benefit from more timely and up to date reports. The full potential of the system has still to be realised.
	The ADP has commissioned CRAFT (Community Reinforcement and Family Training). This training enables families affected by alcohol and drugs to set boundaries, communicate more positively and effectively with their loved ones to encourage change and build resilience. A total of 18 staff have attended to date, ranging from members of the community to health visitors.
3.8	Residential Rehab
	The funding awaited from Scottish Government will have implications for the funding of residential rehabilitation. To date, the pathway for detox and 6-week programme has been provided by Ward 5, which has met the demand in North Ayrshire without the need for wider provision.
	The Scottish Government has allocated funding to support the provision of wider and lengthier rehabilitation opportunities in 3 rd sector and private facilities. This will require the partnership to screen admissions, allocate funds and placements appropriately to ensure the best outcomes for service users. A steering group will be convened with partners to scope the local landscape and opportunities out with North Ayrshire. The potential reduction in Methadone treatment prior to entering a rehab (some facilities insist this is no higher than 40mls) will need to be considered, not only where this will sit with the provision of MAT, but also those who leave rehab early during a programme and require quick access to MAT I terms of risk.
	A residential rehabilitation survey will be carried out to seek the views of service users, including those who have accessed Ward 5. Discussions with commissioning and procurement in respect of spot purchase of facilities or some other potential bed access specific to North Ayrshire will be required. The future plans for Ward 5 will be discussed with NHS colleagues.

3.9	The ADP has agreed to fund an ADP support Officer post to provide support and wider development capacity for the ADP.		
3.10	The ADP plans to repeat the success of the Participatory Budget carried out last year with a focus on whole families approach this year in line with the strategy.		
3.11	Anticipated Outcomes		
	through partnership work mechanisms. The work o outcomes and feed into the	te the impact of alcohol and drugs and prevent drug de ing and reporting, this is fed into the ADP and wider report of the ADP subgroups and implementation plans will pro- the overall strategy and reporting of the ADP which will in submitted to the Scottish Government in September.	orting ovide
3.12	Measuring Impact		
	and data systems through	e specific action plans, work of the subgroups and report ADP, local and Scottish Government structures, will pro- thes to reflect the impact of work being carried out	
4.	IMPLICATIONS		
Finan	cial:	New funding has been made available to delive ADP and national priorities with further fur anticipated. The ADP anticipate a yea underspend and will plan to deploy this resource in with agreed priorities.	nding r-end
Huma	an Resources:	There will be the creation of new ADP support O to support the work of the ADP	fficer
Legal	:	. n/a	
Equa	lity:	Equality Impact Assessments will be carried out w required.	/here
	ren and Young People	Children and young people have been included a ADP priority and above developments above impact positively	
Envir	onmental & Sustainability	/: n/a	
Key F	Priorities:	Actions and improvements link directly with Minis Priorities and support the delivery of local strategic operation plans across statutory and partner servi	c and
Risk Implications:		The risk implications are financial given the short funding from Scottish Government and a assessment will be completed in relation to this	
Comr	nunity Benefits:	Only applies to reports dealing with the outcon tendering or procurement exercises.	ne of
	tion Required to	Direction to :-	
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Direction Required to	Direction to :-	
Council, Health Board or	1. No Direction Required	Х
Both	2. North Ayrshire Council	
	3. NHS Ayrshire & Arran	
	4. North Ayrshire Council and NHS Ayrshire & Arran	

5.	CONSULTATION
5.1	ADP partners and stakeholders have been engaged with and consulted regarding the above funding priorities and ADP strategy development. The actions aimed at reducing the impact of alcohol and drugs in our communities and preventing drug related deaths is on ongoing commitment for the ADP and consultation is core to this.
6.	CONCLUSION
6.1	The IJB are asked to note the content of the range of work that the ADP is taking forward in relation to the strategy and funding from Scottish Government. The IJB are asked to acknowledge the impact of Covid -19 in terms of planned work and adaptable practice and timescales which are required to be continually reviewed, and risk assessed

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